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ABSTRACT

This document, prepared by a Study Group of the Institute on Rehabilitation Issues, highlights some of the more basic and timely issues regarding the measurement of client outcomes. Areas in which change should be measured, in priority order, are vocational functioning and potential, economic independence, physical functioning and psychosocial functioning. The document is not intended to be a guide or an outline of how to establish and implement a program for measuring client outcomes. Instead it reviews current practices, emerging aspects and implications, presents issues, and makes recommendations. (Author/HMV)

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MEASUREMENT OF OUTCOMES

A Report from the Study Group on Measurement of Outcomes

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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FOREWORD

This document was prepared by a Study Group of the Institute on Rehabilitation Issues. The Institute on Rehabilitation Issues is a cooperative effort by state vocational rehabilitation agencies, selected Research and Training Centers and Rehabilitation Services Administration to develop resource materials on topics of common concern.

Overall objectives for the Institute on Rehabilitation Issues include identification and study of issues and problems that are barriers to optimal vocational rehabilitation services, and the development of methods for resolving problems and incorporating solutions into state programs.

These objectives are carried out by bringing together competent and experienced rehabilitation personnel from all levels in a three stage process:

1. A Planning Committee selects the topics to be studied;
2. A Prime Study Group develops a draft document on the topic selected;
3. A Full Study Group reviews the draft document and recommends revisions.

This document resulted from such a process. (See Appendices J and K for listing of Study Group members).

While the Institute on Rehabilitation Issues has existed only since 1973, it is a continuation of a program which has existed for 26 years. Beginning in 1947 the Guidance, Training and Placement Workshop, through state and federal vocational rehabilitation agency cooperation, studied and explored topics in depth by means of small work groups. This work was continued by the Institute on Rehabilitation Services established in 1962 and currently by the Institution on Rehabilitation Issues.

This cooperative effort has over the years consistently produced quality training materials which are used extensively throughout rehabilitation. It is hoped that this document on Measurement of Outcomes continues this long-standing tradition.

PREFACE

The Rehabilitation Act of 1973 has placed increased emphasis upon serving the more severely disabled vocational rehabilitation client. During the legislative process, there was much debate concerning the effectiveness of vocational rehabilitation services, and the challenge resulted in the historic oversight hearings conducted by Congress. Special disability groups, top level agency administrators, and former clients of vocational rehabilitation were among those asked to testify before the Committee on Education and Labor of the House of Representatives.

As a result of the hearings, the Planning Committee for the First Annual Institute on Rehabilitation Issues was aware that the new Act would unveil many issues regarding the assessment of vocational rehabilitation services as they related to client change. Therefore, Prime Study Group II was charged with the task of developing and presenting to the Full Study Group a document which would highlight some of the more basic and timely issues regarding the measurement of client outcomes.

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CHAPTER I

INTRODUCTION

Statement of the Problem

As the scope of the vocational rehabilitation program has expanded, Congress has asked for concrete evidence that the American public is being effectively served. Vocational rehabilitation has entered into a period where accountability is a prime factor. The Rehabilitation Act of 1973 clearly spells out that vocational rehabilitation administrators and practitioners must be accountable for program evaluation. Client outcome measurement is only one segment of several in a total comprehensive plan of program evaluation.

The Problem of Measuring Client Outcomes

One purpose of the 1973 Act is "to authorize grants to assist States to meet the current and future needs of handicapped individuals, so that such individuals may prepare for and engage in gainful employment to the extent of their capabilities " (4). This purpose has been broken into several objectives. One is to promote the social and economic well-being of the handicapped. A second is to enhance the productive capacity of the nation.

The economic aspects of these two objectives lend themselves to being recast in the form of performance measures. The economic well-being of handicapped clients can be measured in terms of increased income following rehabilitation. Specific benefits to the government can be measured in terms of taxes resulting from income of the rehabilitated handicapped. Measuring the social well-being of the handicapped is more difficult than measuring the economic well-being, and has rarely been attempted.

Some of the stated objectives of the State-Federal vocational rehabilitation program are measured easily others are not. If solving human problems is an important intent of the legislation, criteria must be developed which will identify human problems, judge their severity, and measure success. This task is yet to be done by vocational rehabilitation practitioners. The legislation only provides broad guidelines in this area. When such criteria are available, it will be possible to determine more adequately the extent to which vocational rehabilitation programs are achieving the objectives Congress has outlined.

An increase in technical knowledge and competence in evaluation has occurred over the past ten years in vocational rehabilitation. This, coupled with an increased awareness of the need for program evaluation, has led many state vocational rehabilitation agencies to initiate new evaluation techniques and methods. Governmental units at the local, state, and federal levels are increasingly relying upon persons with auditing and managerial orientations for advice regarding the administration of programs. These "program analysts" subscribe to an accountability ethic which is primarily concerned with outcome measurement rather than program and process. Instead of emphasizing refinements in the service delivery process—case standards, counseling techniques, testing procedures—these analysts stress the ultimate effect achieved by the process.

The Rehabilitation Act of 1973 (Public Law 93-112) recognizes the need for both process and outcome accountability. In unusual detail for legislation, the new Act mandates (1) emphasis on serving the most severely handicapped, (2) individualized written rehabilitation programs, (3) procedures for reporting case services, and (4) the establishment of new standards for measurement of program effectiveness.

Problem Definition: The Communications Puzzle

When it comes to problem definition, all too often bias of one's position, cherished views, or preconceived notions enters into deliberations to cloud the picture. In the area of client outcome measurement in vocational rehabilitation, the major problem faced by all parties has been the inability to reach a consensus regarding the nature of the problem. Perhaps there has been a reluctance to open a Pandora's box; a reluctance to unnecessarily stimulate assessment of rehabilitation's impact; or a reluctance to call into question basic elements of program operation.

Vocational rehabilitation has a reputation for being accountable. The present system for measuring client outcomes (26 closure) has served relatively well for a long time. Complacency, however, can be a most formidable foe. Communication gaps are widening between government analysts (both state and federal) and vocational rehabilitation personnel. Vocational rehabilitation practitioners may have little appreciation of the problems faced by the analyst who must decide whether budget increments should be awarded to vocational rehabilitation or to a labor manpower program. Likewise, the analyst may not appreciate a state agency's need to assess counselor performance and improve caseload management.

Who is to define the problem? Where does the responsibility rest for developing standards and procedures for measurement of client outcomes? The responsibility rests with vocational rehabilitation practitioners. If they don't take the initiative and devise new ways to show vocational rehabilitation's effectiveness, others who are far removed from state vocational rehabilitation programs will make the decisions.

Three key areas which require attention are:

1. Identifying and delineating criteria for vocational rehabilitation outcomes, with common minimal acceptable standards and measurement techniques to be included in each state program;

2. Developing an information exchange system so that state agencies, consumers, research and training centers, and the federal government can exchange performance data, and make comparisons on program impact;

3. Adapting the vocational rehabilitation closure system so that broad categories such as "rehabilitated" or "not rehabilitated" give way to specific status groupings reflecting vocational achievement.

It is interesting that the areas listed above all involve the basic questions: (1) What to measure? (2) How to measure? (3) Who should measure?

The new Act has not answered these questions. A complete answer through legislation is impossible. Only through research, planning, field trials, consumer involvement, and open discussion of all possible alternatives can decisions be made. The provisions of the Act make it imperative for all concerned to join together in framing new performance indicators for vocational rehabilitation.

The Charges to this Study Group

The Planning Committee's charges to the Study Group were reviewed by the group and from those charges, this document was developed. In brief, the original charges were:

1. To survey all state agencies to determine what they were doing in regard to

   (a) measure of client change
   (b) weighted closure, and
   (c) follow-up of clients;

2. To look at any special studies done in this areas; and

3. To examine outcome measurement systems used by other social agencies. (See Appendix A for full statement of Planning Committee Charges to Study Group II.)

The Study Group's Interpretation of Charges

In view of the limited time available, the Prime Study Group, after considerable discussion, decided to make the following modifications:

1. Not to examine client outcome measurement systems being used by other social agencies.

2. Weighted closures would be included only as an issue that needs further study and only as it indirectly touches upon client outcome measurement.

3. Follow-up service would be researched only as it relates to client outcome measurement.

4. Section 102(b) of the Rehabilitation Act of 1973 would be discussed within the context of legislative issues as it is only secondarily related to measurement of client outcomes.

Areas for Measurement of Client Change

Literature pertaining to rehabilitation outcomes is replete with references to client change in the areas of:

1. Vocational functioning and potential;

2. Economic independence;

3. Physical functioning;

4. Psycho-social functioning.

In fact, it probably would be difficult to find anyone connected with the rehabilitation movement who would not agree that most rehabilitation that is of any significance occurs in one or more of these four areas.

Lenhart in his purpose and objectives statement in the grant application for the Service Outcome Measurement Project states that the specific objectives of the project are, "Development of a procedure for measuring the change in client's social, physical, emotional and vocational functioning" (2).

Walls and Tseng in a paper presented to the National Rehabilitation Association conference in Atlantic City, New Jersey, in 1973, referred to the need for taking into account client change such as "the degree of improved mobility, physical condition, self-care, etc." (6).

The Eleventh Institute on Rehabilitation Services Study Group on the Severely Disabled stated that measurement of client change refers to status change of the client in relationship to medical, psychological, social/cultural and vocational factors over any given period of time (1).

Malikin and Rusalem (3) quoting Beatrice Wright's "basic dozen" of rehabilitation principles, state in principle No. 11 that, "Psychological and personal reactions of the individual are ever-present and often crucial."

Acceptance of the above areas of change for rehabilitation clients is reflected in the Social and Rehabilitation Service Five-Year-Plan Summary where the description of the program goals includes "participation in the labor force" and "reduction of dependency upon society" (5).

The Prime Study Group concurs that as a minimum, the areas in which change should be measured, in priority order, are vocational functioning and potential, economic independence, physical functioning and psychosocial functioning.

Definition of Terms

As previous Institute on Rehabilitation Services Study Groups have realized, any precise definition of terms in evaluating client change would involve the group members in arbitrary roles. There is an obligation, however, to establish certain definitions from which the study can be initiated with as much common understanding as possible.

Vocational functioning and potential – refers to the degree to which clients demonstrate a capacity to realistically appraise their own vocational potential in light of their inherent limitations, and to exhibit the physical and emotional endurance necessary to achieve vocational objectives.

Economic independence – refers to the degree to which clients demonstrate a capacity to function as independently as possible in the economic system without reliance on public support for maintenance of income and other related social services.

Physical functioning – refers to the degree to which clients demonstrate a capacity for reduction of symptoms, improved physical tolerance, development to fullest practical extent to compensatory mechanisms, increased endurance and emotional adaptation to disabling conditions.

Psycho-social functioning – refers to the degree to which clients demonstrate social and psychological adaptability which serve to enhance feelings of security, adequacy, functioning capability, emotional stability and social interaction.

This document is not intended to be a guide or an outline of how to establish and implement a program for measuring client outcomes, but a paper on the "state of the art." Further chapters will review current practices, emerging aspects and implications; present issues and make recommendations. Hopefully, it will provide a starting point for vocational rehabilitation agencies to develop specific programs for meeting the mandates in the Rehabilitation Act of 1973.

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CHAPTER II

ISSUES AND LEGISLATION

A brief look at the evolution of the vocational rehabilitation program might be useful in understanding and analyzing outcome measures. The purpose of the original Vocational Rehabilitation Act, "An Act to Provide for the Promotion of Vocational Rehabilitation of Persons Disabled in Industry and Their Return to Civil Employment", has not changed over the years. This legislation describes vocational rehabilitation's mission essentially as being the link between medical disability and employment. Physical disability was the only selection criterion, vocational training was the major service, and competitive employment was the only acceptable outcome.

Subsequent amendments to the Act and the liberal interpretation of this legislation tremendously broadened the scope of the vocational rehabilitation program. The definition of eligibility was first modified to include the mentally ill and mentally retarded in 1943, and subsequently was broadened in 1965 to include behavioral problems. (The 1973 Act removed the "behavior problem" category.)

In addition to increasing the population eligible for services, the definition of what constituted a successful outcome was also liberalized with competitive employment still a major outcome emphasis. The definition was broadened to include such categories as unpaid family workers, homemakers, and others such as long-term employees of sheltered workshops.

The Legislative Mandate

The three-year legislative process leading to the Rehabilitation Act of 1973 resulted in the most intensive scrutiny the vocational rehabilitation program has ever received. From the start, the Congressional intent to rewrite the Act, rather than merely amend, led to indepth legislative analysis. Two Presidential vetoes stimulated additional hearings, staff studies, reports and lobbying efforts. National attention was focused on vocational rehabilitation as a result of the conflict between the President and Congress.

Four major implications for measurement of outcomes in vocational rehabilitation resulted from this legislative reexamination of the program:

1. Title IV mandates evaluation of the effectiveness of vocational rehabilitation services.

FIGURE I

LEGISLATIVE MANDATES WHICH IMPACT UPON MEASUREMENT OF OUTCOMES

S.401(b) - HEW Standards

HEW must publish evaluation standards

Standards will apply to state programs

Views of clients will be considered in framing standards

S.2 - Purpose of Act

Develop comprehensive VR programs, emphasize the most severely disabled

Initiate and expand services to groups underserved in the past (including the homebound and the institutionalized)

S.102 - Individualized Program

An individualized written rehabilitation program must be jointly developed by counselor and client

Program must set goals, time for services, criteria for measuring success

S.7 & 121 - VR

"Handicapped individual" is defined in terms of a vocational goal – "can reasonably be expected to benefit in terms of employability from VR services"

Strong legislative concern evident on finding suitable employment for the most severely disabled

S.404 - HEW Reports

HEW must report on VR services in maximum detail

Statistics must give closures according to specified groups

A detailed evaluation of services to the most severely handicapped must be made

S.101 - State Priorities

Annual state plan to describe priority groups and methods to expand and improve services

First priority must be placed upon the most severely handicapped

When all eligible persons cannot be served, severely handicapped must be served first, and outcome and service goals must be set

S.112 - Client Projects

Client assistance projects are to test ombudsman idea for VR

As experimental projects, these will compile data on VR process accountability

SSI Program & PA-VR

VR has major new role with social security in implementing new supplemental security income (SSI) program

Emphasis for SSI is on "productive employment"—e.g. on reducing Social Security costs

Continuing emphasis in PA-VR on reduced dependency on public support payments

2. Measurement systems are called for which will aid in identifying the most severely handicapped and assessing their potential for vocational rehabilitation.

3. Individualized written rehabilitation programs will formalize the client's role in specifying outcome goals and how these will be achieved.

4. Vocational rehabilitation's role in providing services to eligible handicapped individuals dependent on public support will continue, and will be evaluated in terms of reduction of dependency.

The new Act provides the context for all discusssions on measurement of client outcomes. Yet, there is a temptation on the part of many to see in new legislative provisions mere re-statements of what is familiar. The law is complex, and its provisions must be studied with care to see the interrelationships that do exist. It is particularly important to look throughout the Act for provisions that relate to measurement of both process and outcome.

Figure I provides some indication of the new legislative mandates. The elements in the first three columns may be unfamiliar to most vocational rehabilitation professionals as they are new legislative mandates. The emphasis on productivity should be familiar, but Congress in its pronouncements is much more specific regarding the quality of acceptable outcomes.

Over and above the mandates of the legislation, there are many reasons rehabilitation personnel are concerned about measurement of client outcomes. Primary among these is to ascertain if rehabilitation services lead to improved client functioning. Figure II presents an overview of the different reasons various groups in the rehabilitation system might identify as the basis for measurement of outcomes in vocational rehabilitation. Why they feel outcome measurements are needed determines how they perceive inadequacies in the present system.

The current Status 26 closure as a basic measurement of favorable vocational rehabilitation outcome impacts the groups in Figure II in markedly different ways. States have had few problems with the 26 criterion. It has served as a measurement of counselor performance, of agency achievement, and as a basis for budget requests. Many vocational rehabilitation agencies have never been challenged in legislative or budget processes to elaborate upon the 26 closure. The Rehabilitation Services Administration uses "rehabilitations" as its basic criterion of agency performance realizing, however, some of the shortcomings of such aggregate figures. Yet, other federal offices find the 26 closure an imprecise "measure" of impact. Some analysts debunk program claims of "rehabilitating" x thousands of persons, asking instead for data which measures impact in specific terms: earnings, job level, reduction of welfare or Social Security costs.

FIGURE II

REASONS FOR MEASUREMENT OF OUTCOMES

Reasons for Measurement	State Agency	RSA	OMB Evaluators	Consumer
Assess counselor performance	X			X
Improve caseload management	X			
Program development for special target groups	X	X		X
Evaluate sub-state service performance in areas	X			
Provide budget justification	X	X	X	
Reduce dissatisfaction, minimize conflict in client assessment of services	X			X
Collect data showing state agency performance	X	X	X	X
Make aggregate profiles of special target groups nationally		X		X
Show performance and utility of demonstration projects, pilot projects, and research utilization	X	X		
Measure performance over time/ trend series		X	X	
Measure impact of alternative case delivery and administrative approaches (e.g. services integration)	X	X		
Measure recovery or reduction of costs to Social Security in trust funds and SSI programs (disabled and taxpayer)		X	X	
Response to rehabilitation constituency		X	X	
Provide basis for audit and program administration reviews	X		X	
Use in evaluating legislative proposals and amendments		X	X	
Make cross program and cross agency projections and comparisons		X	X	
Devise long-range projections of economic and social indicators			X	
Devise cost-benefit ratios	X	X	X	
Use in lobbying efforts at all levels	X			X
Use in specific client appeals on service outcome				X

New legislative authorities present vocational rehabilitation professionals with the opportunity to demonstrate with empirical evidence that the program has positive social impact.

To reemphasize areas of concern, vocational rehabilitation should maintain interest in identifying problems, exchanging information about them, and inviting critics of its measurement practices to participate in the development of new approaches and techniques. In this way, dialogue can be substituted for defensiveness, initiative for "stand-patism".

Reactions to New Legislation

A major problem in the area of measurement of outcomes is attitudinal. Vocational rehabilitation professionals, at both the federal and state level, disagree on what criteria of vocational rehabilitation effectiveness should be utilized to determine future budgetary and program policy decisions. Many vocational rehabilitation supporters either fail to see or refuse to acknowledge, that a disagreement exists. Because of the new legislation, old methods and comfortable objectives must yield to new procedures. There can be no doubt that development of criteria to assess impact will influence program operations.

Technical details of implementing a new measurement system do not constitute an insurmountable problem. With more and more states gaining capability in electronic data processing, and with the possibilities of a unified national data system, administrative details can be brought to manageable proportions. The need at this point in time is primarily conceptual, that is, to decide what it is that we want to measure and why.

If communications surrounding the implementation of the new Rehabilitation Act can be brought to focus on examining all aspects of measurement of outcomes in vocational rehabilitation, an adequate forum for stimulating action will result. Forums and channels for information exchange involving all levels of government, consumers and vocational rehabilitation professionals will ultimately result in a sound conceptualization of a rehabilitation measurement system.

Rehabilitation Services Administration must develop and fully utilize data processing capabilities and other aspects of management information systems to provide Congress, the states, and the consumers with interpretative information to support the efforts outlined above.

Consumer Aspects

The early vocational rehabilitation program could be characterized by showing a counselor taking a "physically restored" client by the hand, leading him through the necessary "training" process, and then attempting to "sell" the client to a generally hostile labor market. The client in this illustration was a passive recipient of services. This early history is reflected in the current rehabilitation delivery system, and probably accounts, to a great extent, for some of the strengths and weaknesses of the present program.

The new Act thrusts the consumer of rehabilitation services into an active and participant role in both process and outcome evaluation. Consumers have become more vocal and outspoken about rehabilitation accountability at both state and federal levels. The new law responed to this interest by enacting the provisions on individualized written rehabilitation programs, client assistance projects, and on outcome and service goals.

Studies should be formulated that focus on consumer satisfaction and familiarity with rights and remedies under the Act. The client's view of rehabilitation benefits differs from that of the rehabilitation practitioner. Any rehabilitation measurement system should reflect the client's view of rehabilitation. The potential rewards in terms of new methods and procedures as well as consumer support for vocational rehabilitation, are great.

Instead of feeling that new legislation has increased his burden, the rehabilitation practitioner should recognize that he has been given an addition to his team in the form of an active, participating client.

The complexities of the consumer's involvement in the measurement of outcomes is such that the Study Group can only touch upon the subject and recommend that further studies are needed in this area, perhaps by another prime study group.

CHAPTER III

REVIEW AND ANALYSIS OF CURRENT PRACTICE

In reviewing current practices in vocational rehabilitation agencies, it is necessary to look at the underlying theories of measurement, and the problem areas. Only by such a comparison, i.e. current practice and theory, can assessment be made of the value of current agency measurement techniques and procedures.

Theoretical Considerations

Vocational rehabilitation is a complex process. Measurement of outcomes related to provision of services is difficult and multi-faceted. Consumers, states, federal agencies, Congress and society in general all view outcome differently. State agencies have many commonalities in the operation of their programs and yet each state's program is unique. Programs operate at multiple levels. A system for measurement of outcomes should cover all levels and facets of program functioning.

As a starting point, it is necessary to differentiate evaluating the effectiveness of a program from evaluating the efficiency of a program. Effectiveness of services involves the changes in the clients in reference to the goals of rehabilitation as a result of services. Efficiency refers to the economical use of resources to produce these changes. It is possible for a program to be very effective while at the same time be inefficient. A program cannot, however, be efficient unless it is effective. To adequately evaluate a program, it is necessary to first establish adequate measures of its effectiveness; only then can efficiency of the program be measured.

It is also necessary to make a distinction between client difficulty and case difficulty. Client difficulty refers to the functional limitations of the client. These are problems the client must adjust to and live with, regardless of whether he receives the help of vocational rehabilitation. Case difficulty would include client difficulty, plus variables such as availability of transportation and facilities, money, medical technology, and a host of other factors.

In measuring the effects of vocational rehabilitation services, the principal problem is determining that any change in client functioning is a result of such services. A measurement system must be developed which clearly shows that nothing else could reasonably account for the change. It must be clear that if the client had not received vocational rehabilitation services, the change would not have occurred. Finally, the fact that change occurred coincidental with vocational rehabilitation services does not demonstrate that the change resulted from the provision of such services.

In measurement of client outcomes it is also necessary to pinpoint variations in the way services are provided. Through the rational methods of measurement theory, it is possible to establish baseline data about a client, and then carefully record, evaluate, and draw conclusions on apparent relationships between services provided and demonstrated changes in client functioning. However, establishing variations alone is not sufficient. Program evaluation must also help in policy decisions on the value of services.

Before evaluating the effectiveness of a program, it is necessary to establish its goals. Effectiveness only has meaning in terms of program goals. The more specifically the goals are stated, the more accurate can be the evaluation. Within the framework of the goals of rehabilitation, it is then necessary to know (1) the client's status in terms of these goals at entry into the program, (2) an index of client change, (3) a measure of change at closure and (4) the degree to which rehabilitation services contributed to the change in client status. The first three items involve a direct assessment of the client in terms of the goals of rehabilitation, while the fourth usually involves the comparison of rehabilitation clients with similar non-clients.

Preferred research practice recognizes the need for a control group to adequately assess impact of services. The possibility exists that the passage of time in and of itself brings about change independent of any other event. In the typical rehabilitation approach, there is no way of knowing whether client change is a result of vocational rehabilitation services or merely the result of "spontaneous remission", where the client would get better even without vocational rehabilitation services. Through the use of a control group an attempt can be made to assess causality.

The use of broadly constituted control groups in rehabilitation is not feasible for several reasons. To provide the necessary controls, the groups would have to be alike in all respects, a difficult factor to achieve within the range and variations among disabilities. Also, when severe disabilities require immediate therapy, moral values enter to weigh against delaying provision of needed services in order to preserve the integrity of a control group. Consequently, it perhaps makes more sense in the rehabilitation setting to think of control groups within the services spectrum—that is, similarly constituted groups provided quality services in varying means and methods. In this way the ideal of control groups would be somewhat compromised, but a range of outcome measurement techniques would combine to add credence to the control methods used.

The most frequently used technique for measuring outcomes is a follow-up study of closed clients. Follow-up studies may provide interesting information about vocational rehabilitation clients, but they provide minimal suggestive and no conclusive evidence in assessing the impact of vocational rehabilitation services.

Attempts to measure client outcomes have included cost-benefit approaches, weighting systems and rather complex sociological methods for assessing the effect of social services. Most research indicates that there are as many problems remaining as there are solutions. Westerheide and Lenhart (2) present a recent review of alternative approaches to service outcome measurement.

Problem Areas

In addition to the problems of an adequate design for measuring outcomes, other factors have to be considered as well. Primary among these is the use of subjective assessments by the client as well as the counselor. The bias that the counselor brings to the assessment of client change is obvious in that he is evaluating his own efforts and objectivity is difficult in these circumstances.

The shortcomings in assessing client satisfaction may not be so obvious. It is possible for the client to pick up the intent of the questions and give socially desirable responses. Or, it may be that the client would exaggerate his complaints at intake and give socially desirable answers at closure (the "Hello-Goodbye" effect). The lack of negative evidence in client response does not constitute evidence of positive change.

Little has been done to assess actual client benefits. Few attempts have concentrated on the benefits that the client receives as a result of having had exposure to rehabilitation. Most systems try to assess likelihood of success, difficulty, time on caseload and cost, but for the most part overlook program impact.

Review of Current Practice

A survey of state vocational rehabilitation agencies (1) indicates that there is increasing awareness of the importance of and need for development of measures for assessing the effectiveness of vocational rehabilitation services. About half of the state agencies are addressing themselves to this issue. Most are still at the planning and developmental stage. Others have initiated or completed rather basic studies. Only a few rehabilitation agencies are making a major effort to tackle the complex problems involved in developing tools to measure the effectiveness of rehabilitation services.

The following narratives present summaries and critiques of instruments presently being used by some states to measure client outcomes.

The Oklahoma System

The Oklahoma Department of Rehabilitative and Visual Services is presently concluding a three-year study which was designed to measure case difficulty and client change. The two concepts are being examined relative to the following five areas of client functioning: physical, educational, economic, vocational and psychosocial. The major thrust of the project involves pre-testing and post-testing approximately 4,400 clients in six states. Instrumentation was developed which required counselors in the six states to assess the client's functional level in the five areas mentioned above. Arkansas has adaptated the Oklahoma system based on an early factor analysis of data collected in the six Oklahoma project states, and the insights of Arkansas staff (See Appendix B).

Instrument	Measures	No. of Items	Nature of Items	Specific Areas of Measurement
Service Outcome Measurement, Form A	case difficulty, client change closure status	24 items plus demographic data	15 subjective 9 objective	Computation of *Case Difficulty* by relating 8 demographic variables to successful closure—evaluates prognosis for treatment, prognosis for employment, employment history, access to rehabilitation resources, educational status, economic vocational status, status of physical functioning, level of adjustment to disability, and social competence. Change in each of the above areas can be noted by pre- and post-testing.

Strength of System – Case difficulty and client change are seen in terms of client functioning in relationship to employment. Scale is ideal for pre- and post-test use. Easily and quickly administered and evaluated.

The Oklahoma System (continued):

Weakness of System — Although the ratings are standardized, evaluation, still relies on counselor judgment regarding the client's situation and degree of change. The system provides no way for determining that the rehabilitation process contributed to an observed change.

Use of System — This system and modifications of it are presently being used successfully by several states. Technical evaluation of results seem to indicate that items utilized have validity and reliability.

The Oklahoma RRRI Consumer Measurement Scale

The Regional Rehabilitation Research Institute at the University of Oklahoma developed a consumer measurement scale which attempts to measure client satisfaction on nine dimensions: speed of service, medical services, training services, employment satisfaction, participation in planning, counselor effort in placement, agency policies, physical facilities, and personal treatment (See Appendix C).

Instrument	Measure	No. of Items	Nature of Items	Specific Areas of Measurement
Consumer's Measurement of VR	satisfaction with VR	14	12 subjective 2 objectives	Preponderance of items are directed at measuring the client's satisfaction with agency services and/or the VR counselor. Two items seek to get information concerning the client's present vocational status and two items ask for information regarding job satisfaction.

Strength of System — Self-report which can be quickly completed.

Weakness of System — Provides for no pre-measuring which would allow evaluation of client change. Most items are highly subjective and tend to ask the client for self or agency assuring information. Instead of asking "how well were you prepared to engage in vocational pursuits?" the prevailing question is "how well did you do?" or "do you like us?"

Oklahoma RRRI (continued):

Use of System – This scale and others very similar to it are being used in numerous states in an attempt to measure rehabilitation outcomes.

West Virginia Follow-Up Kit

The West Virginia Rehabilitation Research and Training Center has devised an instrument for follow-up studies. A "How-to-do-it" kit contains instructions for sampling, data collection, table construction, data analysis, and reporting on a variety of rehabilitation variables. The kit includes a questionnaire for use with employers (See Appendix D).

Instrument	Measure	No. of Items	Nature of Items	Specific Areas of Measurement
Follow-up Study– Employee Questionnaire	post-closure status	42 forced choice items	35 subjective 7 objective	Employment status, satisfaction with VR services and job, interpersonal relations on job, personal work characteristics, characteristics of family, and contribution made by VR agency to present vocational status.

Strength of System – Self-administering. Provides information regarding status of client after closure. Attitudes and opinions requested give us information about the "real world" concerns of the VR agency rather than simply asking "did you like our service?".

Weakness of System – No pre-measure with which to compare, therefore, change is inadequately indicated. Experience indicates that the response rate to an instrument such as this will not be great if mailed. If study done by interviews, expense becomes a factor.

Use of System – It is known that this instrument is being used by one state rehabilitation agency.

Rhode Island Attitude Survey

A survey instrument is being used by Rhode Island Vocational Rehabilitation Services to assess client attitude change from initial interview to closure. The instrument contains 96 subjective items reflecting client attitudes toward their disability and rehabilitation services (Appendix E).

Instrument	Measures	No. of Items	Nature of Items	Specific Areas of Measurement
Rehabilitation Opinion Survey	client beliefs and attitudes	96	subjective	Attitudes and opinions regarding counseling and guidance, education, disability, employer prejudice, work ethic, authority.

Strength of System – Validity of "opinionnaire" seems good. Instrument can be used for pre- and post-testing and since the items do not deal directly with the relationship between client and counselor, agency or any other identifiable source, the opinions expressed are probably unbiased.

Weakness of System – (Technical information regarding the establishment of norms, validity, and reliability of items was unavailable.) Instrument is rather long and item analysis would probably indicate that many items are duplicative creating the potential for abbreviating the instrument structure.

Use of System – System is known to be used by at least one rehabilitation agency. The agency's satisfaction with the results has not been evaluated to date.

New Jersey Client Satisfaction Scale

The New Jersey Division of Vocational Rehabilitation Services has developed for follow up, a questionnaire composed of thirteen items, which attempts to measure client satisfaction with vocational rehabilitation, public assistance status, job history and present occupational status (Appendix F).

Instrument	Measures	No. of Items	Nature of Items	Specific Areas of Measurement
Follow-up Survey of VR Clients	post-closure status	13	2 subjective 11 objective	Present occupational status, job history, public assistance status, satisfaction with VR services.

Strength of System – Provides information regarding the activities, success, and problems of clients served by the VR agency. Self-report of objective information which can be quickly completed, thereby enhancing the poor possibility of getting an adequate return of mailed questionnaires.

Weakness of System – No pre-measure to allow for assessment of client change. Data for system depends on return of mailed questionnaire and VR clients or former clients are not reputed to be good about returning such information.

Use of System – Instrument is known to be in use in one state. Other states have highly similar systems in operation and see their effort as an attempt to measure rehabilitation outcomes.

Human Service Systems Scale

The Human Service Scale developed in Wisconsin attempts to measure the degree of change experienced by clients served through the various human service agencies. It is assumed that the individual client's progress is based on the extent to which needs are satisfied, in accordance with Maslow's hierarchy of basic human needs (Appendix G).

Instrument	Measures	No. of Items	Nature of Items	Specific Areas of Measurement
Human Service Scale	human needs	80	71 subjective 9 objective	Instrument purports to measure the five areas of human need described by Maslow in his theory concerning the hierarchy of needs: physiological, safety and security, love and belongingness, self-esteem, and self-actualization. Information requested concerns self-activities, concerns, health and job.

Strength of System — Self-reported data. Established norms suggest that it has diagnostic value as well as value insofar as describing client change from point of entry into a service system to point of closure. Machine-scoreable nature of test makes it possible to gather pre- and post-response from client before leaving the rehabilitation system.

Weakness of System — System is highly theoretical. Items furnish inferential information.

Use of System — The system has been developed by a non-state agency which reports that the scale is presently being utilized in several VR agencies and VR facilities.

Virginia Rehabilitation Gain Scale

The Virginia Department of Vocational Rehabilitation conducted a special three-year demonstration program in cooperation with human resources agencies in Norfolk, Virginia, in connection with the Model Cities Program. One aspect of this program was concerned with the measurement of rehabilitation gain. The measurement scale used in this study was patterned after one designed by the University of Wisconsin Regional Rehabilitation Research Institute for use in its Wood County Project. The Wisconsin scale to measure rehabilitation gain has been used in several studies and appears to be a useful, reliable scale for measurement of client change. The 18-item Virginia scale includes vocational items and a self-perception measure (Appendix H).

Instrument	Measures	No. of Items	Nature of Items	Specific Areas of Measurement
Rehabilitation Gain Scale	client change, self-esteem	18	18 objectives, multiple choice questions	Instrument purports to measure work status, economic dependency, and psychological well-being of clients who have received VR services.

Strength of System — Instrument is easily scored. Counselor bias is avoided through client self-perception of rehabilitation gains. Questions are written for comprehension of disadvantaged/disabled clients. Pre- and post-measures.

Weakness of System — Survey's orientation is to the disadvantaged/disabled client and may have limited applicability to the severely disabled and/or middle-class client.

Use of System — Instrument was devised for and utilized in a vocational rehabilitation model cities outreach program.

California PARPI

The California Division of Vocational Rehabilitation developed a Public Assistance Recipients Perception Inventory which consists of a 22-item scale grouped into six major areas: withdrawal reaction, neurotic reaction, dependency reaction, survival reaction, work evaluation, and confidence. The scale was developed primarily to assist the counselor in tailoring rehabilitation services to the needs of the individual client (Appendix I).

Instrument	Measures	No. of Items	Nature of Items	Specific Areas of Measurement
Public Assistance Recipient's Perception Inventory	client attitude factors	22	22 Agree/ Disagree statements	Instrument purports to present client perception of community and service agency attitudes and environmental factors influencing client work prospects in the community. Similar to San Antonio PA-VR Work Attitude Scale.

Strength of System – Provides counselor an early indication on how the public assistance client perceives the work environment. Interviews at intake provide a 100% participation rate.

Weakness of System– While the instrument provides client perception of employment opportunities and service agency attitudes, objective validation of these attitudes is not presented. Instrument is preparatory to the VR process rather than a measure of the impact of VR upon clients.

Use of System – California is in the process of developing and validating this scale, and refining its hypotheses.

While a number of states have recently adopted systems for measuring rehabilitation outcomes, there appears to be no widespread consensus on what needs to be measured or what rehabilitation outcomes are most important to identify.

Most state agencies automatically think of doing post-closure, follow-up studies when confronted with the issue of measuring the impact or outcomes of their service programs. These follow-up surveys range from very simple, gross attempts to get client reaction to services received, to more precise attempts to determine the occupational, attitudinal and social status of the individual at the time of follow up.

A few state agencies are attempting to get pre- and post-functional measures of client status to determine the amount of change which occurs in a client during the rehabilitation process. Still other agencies are taking a more theoretical approach and looking at such things as attitudes, opinions, and self-concepts, feeling that changes in these areas correlate highly with increased capacity for occupational performance.

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CHAPTER IV

CONCLUSIONS AND RECOMMENDATIONS

Clarification of Terminology

With all the discussion about measurement of outcomes, confusion exists over the meaning of the various terms being used. The terms "client outcome evaluation", "outcome measurement", "client benefits" and "client outcomes" have been appearing in the literature. To the knowledge of the Study Group, no effort has been made to define and clarify these terms although it generally is assumed that most rehabilitation practitioners are familiar with their meaning. For purposes of this study, and hopefully for the future, the Group has adopted the use of the term "client outcome measure" to refer to the measurement of client change occurring during their rehabilitation experience.

Measurement of client change should not be confused with the broader spectrum of program evaluation. It is in fact only a small segment of the state agency's efforts to evaluate its program and services. Client outcome measures refer only to that spectrum of the rehabilitation measurement effort that reflects changes in clients as they undergo rehabilitation processes. The implication is that these processes yield results and it is these results that need to be defined and measured.

Process and Outcome

Most of the literature addresses itself to process evaluation which is based upon the concept that the application of certain "processes", i.e. "treatment", will have predictable, definable results or outcomes that are directly traceable to the applied process. The assumption appears to be that if the process is exemplary, the results should also be exemplary. Unfortunately, this is not always the case.

To date, there is very little evidence to indicate a cause and effect relationship between counseling and rehabilitation outcome, between vocational evaluation and rehabilitation outcome, between adjustment training and rehabilitation outcome, etc. However, there is fairly good evidence that the application of all these things collectively do contribute to desirable changes in those people exposed to rehabilitation processes.

What happens to clients while in the rehabilitation process? The assumption must be made that when clients come to rehabilitation, they are dysfunctional to some degree, and when they leave are hopefully dysfunctional to a lesser degree. Presently, there is no feasible, manageable way of knowing where they were when they came to rehabilitation. Similarly, there is no way of knowing with any degree of certainty where they are when they leave except that in most cases they have been employed for at least thirty days. It is known that change does take place and that in most cases this change is of a postive nature. Also, it is known that some clients regress while receiving rehabilitation services. What is not known is which individual procedures bring about positive change most consistently. Taken collectively, they appear to work.

An area that needs development is a standardized procedure for evaluating the results of a comprehensive program of rehabilitation offered to a large number and variety of clients. There is no consistency from one agency to another and few studies deal directly with client outcomes. Other than the criterion of the 26 closure, there are no parallel procedures for measuring client outcomes among the state agencies. There are no other standards and what is being done is carried on with very little consultation with other state agencies. The big question is: "What should be measured?" And once that is established, "How should it be measured?"

Suchman (3) becomes even more specific when he asks these questions:

1. *What* are we trying to change with our rehabilitation activities?

2. *Who* is the target of the rehabilitation program?

3. *Where* is the desired change to take place?

4. Are the objectives *unitary* or *multiple?*

5. *What* is the desired magnitude of effects?

He is saying in effect that there are multiple objectives in rehabilitation programs. It must first be determined which of these objectives to isolate and measure before techniques can be developed that will yield the information necessary to make program decisions.

Another significant issue which has received little attention in research is the process by which clients are either screened into or out of the rehabilitation process. A large number of people who are referred to

rehabilitation agencies are not accepted into the system, yet no systematic attempt has been made to identify the factors which influence the decision-making process. There is a strong possibility that it is such a diffuse, subjective selection process that the crucial decision-making clues are not readily identifiable.

It is obvious that if a program selects only cases which appear to have a high probability of success, measures of client outcomes would appear favorable while program impact could be minimal. Greater assurances are needed that we are not selectively screening applicants but are providing opportunities for all eligible persons to benefit from the program.

Alternatives to the 26 Closure

There has been a strong push in the past few years to find an alternative to the 26 closure. Viaille (5) lists the following limitations of the 26 closure:

1. It tends to emphasize numbers rather than the quality of services.

2. It may tend to emphasize relatively non-complex cases requiring little counselor time.

3. It may encourage closing a client's case before it is ready to close in order to meet a quota.

4. It may encourage keeping a client on the caseload longer than should be, in order to assure meeting next year's quota.

5. It makes it difficult to obtain an even flow of work throughout the year.

6. It is a difficult procedure to apply in areas of specialized counselors.

7. It does not allow credit to the counselor for the amount of work expended on cases closed non-rehabilitated.

These are well-known criticisms of the 26 closure and should come as a surprise to no one.

Some persons are of the opinion that any change in the present closure system will open the door to abuses and "rehabilitated" will become meaningless. There are others who insist that the door was opened long ago and the present Status 26 closure is already meaningless.

Neither of these points of view is absolutely correct. Modification of our present 26 closure system is necessary in order to reflect the reality of the rehabilitation process. Most would agree that the present head-counting system is at least insufficient.

Any alternative to the 26 closure should:

1. Reflect real concerns and goals of vocational rehabilitation.

2. Yield reliable information when used across agencies, programs and counselors.

3. Be administratively feasible.

Weighted Systems

It is not the purpose of this document to examine the specifics of weighted closure systems, but such systems have played a strong role in the search for an instrument to better measure rehabilitation services.

Apparently the weighted closure approach is considered by many to be the best available answer to the problem of service criteria, adequacy of counselor performance, and cost benefit analysis. According to the survey conducted by the Oklahoma agency, most attempts to objectively assess rehabilitation services through weighted closure systems have fallen short for one reason or another.

Some of the prevailing attitudes pertaining to 26 closures and weighted systems imply that some kind of a contest is in operation to determine which will win out—a weighted system or the 26 closure. The Study Group does not view weighted closures as a substitute for 26 closures. In fact, the two concepts appear to be compatible with each other. We can have both.

The Study Group is not at this time ready to propose any existing weighted closure system as an alternative to the current 26 closure. The problems associated with weighted systems appear to be too complex to make it realistic to propose at this time the use of such systems as the primary tool in the measurement of outcomes of case services. A properly developed weighted system could make a significant contribution to rehabilitation management by providing the sophistication now missing from assessment of client services and counselor performance.

Modification of Closure Statuses

A second alternative to the 26 closure as it presently exists is the creation of additional or modified statuses which more adequately reflect the vocational status of clients at closure. The present 26 closure encompasses:

1. Closed in competitive employment, full time, economically independent.

2. Closed in competitive employment, less than full time.

3. Sheltered employment.

4. Homebound employment.

5. Unpaid family worker.

6. Homemaker.

The Study Group suggests consideration be given to creating odd numbered statuses encompassing the above, or alphabetical prefixes or suffixes to the 26 closure to more accurately describe the client's vocational status at closure. For example, a 26A closure could stand for full-time, competitive employment, 26B competitive employment less than full time, etc.

Minimum Acceptable Standards

Most concerned practitioners, researchers and teachers in the field of rehabilitation agree that the desirable elements in client change are most often related to improvement in social responsibilities and activities, psychological well-being, physical functioning, mental health, and the ability to compete in the economic system.

A. The Study Group recommends as a minimum in assessing client outcomes, that the areas in which change should be measured are:

   1. Vocational functioning and potential

   2. Economic independence

   3. Physical functioning

   4. Psycho-social functioning

It was recognized previously that there are presently no standards for client outcome evaluation that may be applied from one state to another. Many studies have been completed, most of which have continued to emphasize the fragmented approach already in existence in the field. One of the more pressing needs in evaluation is for the state agencies to adopt some reasonable standards that can be accepted by all the states. The Study Group is aware of the traditional arrangement between the federal government and the states, where the states are permitted considerable freedom in selection, operation and administration of their own programs provided they meet the minimum legislative requirements.

B. The Study Group recommends that there should be a strong cooperative effort between the states and Rehabilitation Services Administration to:

   a. Define and establish those criteria within the rehabilitation program that will yield the best measurement of client outcome, and

   b. Develop and implement regulations, procedures and standards for use by states in measurement of client outcomes.

C. The Study Group recommends that the agency be responsible for preservation of the integrity of the information gathered through measurement.

That is, the agency, by not permitting access to previous measurement data to those professionals involved in the measurement process, can help insure objective assessments.

D. The Study Group recommends that an annual summary concerning progress, rehabilitation gain or loss of clients whose cases have been closed be reported by each state agency to the Rehabilitation Services Administration.

This report should be standardized so comparisons can be made from one state to another. This summary could be very similar to the federal statistical report that is now issued each year but it should be published immediately after the close of each fiscal year so states can have rapid access to the data.

E. The Study Group recommends that responsibility for program evaluation, including outcome measures, should be lodged administratively at the top or very near the top echelon of each state agency.

Each state should have staff personnel directly responsible to the top administration for purposes of developing, implementing, monitoring and reporting client outcome measure. Further, this responsibility should be maintained as a separate jurisdiction from administrators responsible for case services and field staff. There should be similarity in the operation and organization of these programs in as many of the states as possible so that evaluation personnel can have common areas of understanding and a basis for cross communication and exchange of ideas and information.

F. It is the opinion of the Study Group that acceptable times for measurement should include as a minimum, a measure at entry, at closure and during follow up.

Measures should begin when a client enters the system. Some attempt should be made to assess as objectively as possible where the client is when he enters the system. This measure should include all the client's strong points, weak points, and all other facts related to the previously recommended areas for measuring client change. As a minimum, another measure should be made when the client leaves the system whether closed employed or closed unemployed.

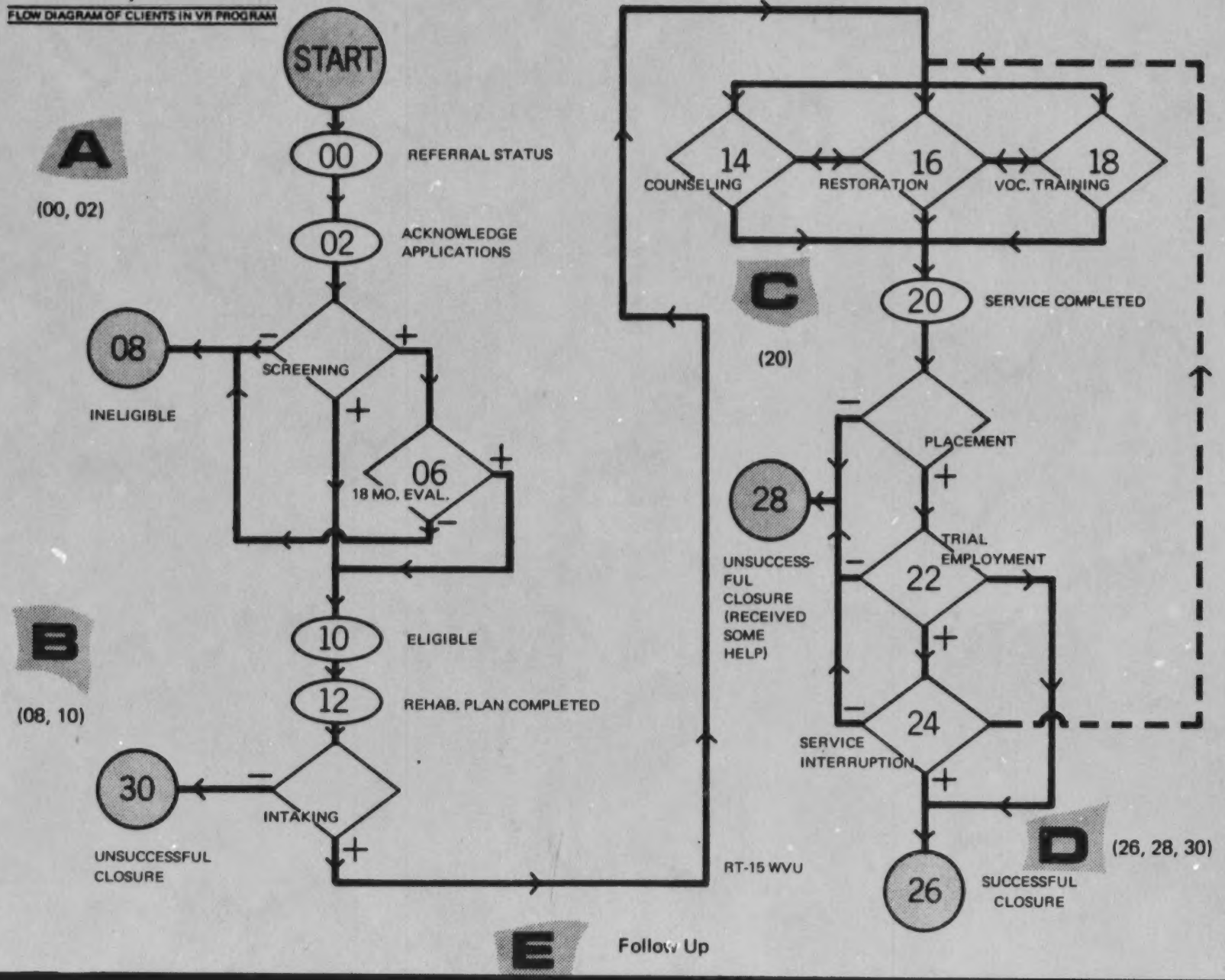
Some indication needs to be given as to what happened to the client in areas other than vocational. It is entirely conceivable that the client could have made considerable gain in one or more areas of functioning and still not become employable.

Figure III is a version of a flow chart developed by Tseng (4) depicting client progress through the rehabilitation system. Points A through E are indicators where client measurements can be taken. Point A indicates the initial referral of all clients to rehabilitation and basic information should be gathered for all referrals at this point. Point B covers the completion of the diagnostic and evaluation process. Clients who exit the system in Status 08 should be assessed for possible benefits received, especially those closed from Extended Evaluation. Clients moving into Status 10 would be measured for purposes of comparison when leaving the system at a later date.

Point C covers an interim evaluation at completion of services prior to placement in employment. Point D indicates measurement at exit from the system in Statuses 26, 28 and 30. Point E is a follow-up measure of clients at regular intervals beginning at least six months after leaving the system.

The recommendation of the Study Group is that measurements must be made at Points B, D and E at a minimum. Measurements at Points A and C would provide the agencies with additional information which would be of great benefit in assessing client change.

FIGURE III


FLOW DIAGRAM OF CLIENTS IN VR PROGRAM
START
A
(00, 02)
00
REFERRAL STATUS
02
ACKNOWLEDGE APPLICATIONS
08
INELIGIBLE
SCREENING
06
18 MO. EVAL.
B
(08, 10)
10
ELIGIBLE
12
REHAB. PLAN COMPLETED
30
UNSUCCESSFUL CLOSURE
INTAKING
RT-15 WVU
14
COUNSELING
16
RESTORATION
18
VOC. TRAINING
C
(20)
20
SERVICE COMPLETED
PLACEMENT
28
UNSUCCESS-FUL CLOSURE (RECEIVED SOME HELP)
TRIAL EMPLOYMENT
22
24
SERVICE INTERRUPTION
D
(26, 28, 30)
26
SUCCESSFUL CLOSURE
E
Follow Up

While it has been emphasized that client outcomes as treated by this Study Group refer mainly to what happens during the rehabilitation process, the Study Group wishes to emphasize the necessity for using a comprehensive instrument for measurement at follow up. Although both Conley (1) and Struthers (2) have reported that 80% of rehabilitation clients are employed five years after receiving rehabilitation services, there is a need for more in-depth and extensive studies in this area. A measure of client satisfaction as well as assessment of the basic areas recommended by this study would be valid areas for collecting information for follow-up purposes.

G. The Study Group considers it desirable that all state agencies give strong consideration to the development of a standardized approach for measuring client outcomes.

It is important that all state agencies become involved in some system that has a semblance of interchangeability with other state systems. There must be strong action at the national level and it must be taken in the immediate future. Further, state agency directors and their evaluation personnel should organize a series of regional meetings for the main purpose of developing acceptable techniques and procedures for measuring client outcomes.

Information Exchange System

There is a considerable need in the rehabilitation field for an information exchange system.

H. The Study Group recommends that an information storage and retrieval system be placed in effect for rehabilitation information with strong emphasis in the evaluation area.

Considering the voluminous amount of material that has been produced in the rehabilitation research area in the last few years, there is a strong and overwhelming need for a central data storage and retrieval system.

The Research and Training Centers and state agency personnel should get together, either on a regional or a national basis, for purposes of determining where a system such as this could and should be located. One approach would be to have a centralized data system under the control of one of the R and T Centers which would assume national responsibility for entering, retrieving and sending information. Considering the rapid advancements in information technology in the last few years, it might be well to consider the establishment and operation of an on-line retrieval system with each of the states and other related institutions having terminals that are tied into the central system.

The rehabilitation field in general is dangerously near an information lag and it is entirely possible that its overall operation can be hampered if such a system is not developed in the predictable future. This especially holds true for the evaluation area. It has been the observation of the Study Group that the current system of information gathering, retrieval and dissemination among the various states is fragmented, and there appears to be little consistency from one state to another.

Recommendations

1. All states collectively should develop, adopt and implement a standardized system for measuring client outcomes.

2. As a minimum, client change should be measured in these areas:

   (1) Vocational functioning and potential.

   (2) Economic independence.

   (3) Physical functioning.

   (4) Psycho-social functioning.

3. An adequate system for measurement of client outcomes should include at least measurement at three points in time—entry, closure and follow up.

4. The agency should insure the integrity of client assessment data.

5. The system selected should meet the following criteria:

   (1) Change should be measured for clients regardless of closure status—Statuses 08 (especially those from Extended Evaluation), 26, 28 and 30.

   (2) The measure should require no or minimal changes in the service delivery systems.

   (3) The measure should be easily interpreted.

   (4) The measure should require little in-service training of service delivery personnel.

   (5) Administration of the instrument should require a minimum of the professional's time per case.

6. A national outcome reporting system should be developed utilizing standardized data.

7. There should be periodic, regional, multi-regional, and national meetings to discuss evaluation issues, disseminate information, and develop recommendations for a national policy on evaluation programs.

8. A centralized information storage and retrieval system for rehabilitation, possibly utilizing an on-line retrieval system, should be established at a special center which would have prime responsibility for developing and operating the system.

9. All state agencies should insure that program evaluation and personnel with related responsibilities be administratively responsible to top policy making personnel only.

10. In-service training relative to program evaluation should be financed and encouraged on a regional basis.

11. Consideration should be given to creation of additional closure statuses or modification of the present 26 closure to more adequately reflect the *vocational* status of the clients.

12. State and federal rehabilitation agencies should establish procedures for developing and implementing the recommendations presented in this report.

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APPENDIX A

CHARGES

IRI Prime Study Group II
on
Analysis and Critique of Existing Systems for Measuring Outcomes

Charges

The Prime Study Group shall develop a position paper on measurement of outcomes of rehabilitation services with primary focus on the client. The paper is to describe existing systems for measuring outcome and indicate how these systems can be improved.

To find out the "state of the art," the Prime Study Group should:

1. Survey all state rehabilitation agencies (under the sponsorship of CSAVR) to determine what they are presently doing in regard to:

   a. Measures of client change

   b. Weighted closure

   c. Follow-up of clients

2. Look at any special studies done in this area, such as the Oklahoma Study, the CSAVR – Arkansas R & T Study on Counselor-Client Relationships, the GAO Study of Oklahoma, Michigan and North Carolina.

3. Examine outcome measurement systems used by other social agencies, i.e., goal attainment measures used in mental health and welfare.

4. After collecting information on existing systems the group should:

   a. Analyze the systems, pointing up the strengths and weaknesses.

   b. Identify the problems in measuring outcome.

   c. List the unresolved issues.

   d. Make any recommendations which seem indicated.

In addition, the Prime Study Group should address itself to the implications of Section 102(b) of the Rehabilitation Act of 1973 dealing with "objective criteria and an evaluation procedure and schedule for determining whether such objectives and goals are being achieved" in the individualized written rehabilitation program.

It is recognized that measurement of client outcome is closely related to other aspects of the rehabilitation process, and the group may find it necessary to examine this issue within the framework of other measurement systems.

Department of Institutions
Social and Rehabilitative Services
Oklahoma City, Oklahoma

APPENDIX B

Counselor _____ Client _____ Date _____

1. _____ State Agency Number
2. _____ Case Number
3. _____ Caseload Number
4. _____ Status
5. _____ Reason for Closure (Only if
6. _____ Other than Status 26)
6. _____ Age
7. _____ Race (1 White, 2 Negro, 3 Indian, 4 Latin American, 5 Other)
8. _____ Sex (1 Male, 2 Female)
9. _____ Referral Source
10. _____ Age Started Working
11. _____ Previous Agency Contact (1 Yes, 2 No)
12. _____ Marital Status (1 Married, 2 Widowed, 3 Divorced, 4 Separated, 5 Never Married)
13. _____ No. of Dependents
14. _____ Age at Disablement
15. _____ Primary Disability
16. _____ Secondary Disability
17. _____ No. of Other Documented Disabilities
18. _____ Weekly Earnings (Dollars Only)

(* Use R-300 Codes, Oklahoma use R-105 Codes. Maryland use R-13 Codes, Utah use ORS-300 Codes)

I. DIFFICULTY ONLY

A. Anticipated Change in Client's Level of Functioning During Services

_____ 1. Alleviate
_____ 2. Improve Greatly
_____ 3. Improve Somewhat
_____ 4. Remain the Same
_____ 5. Deteriorate

B. Employment Prognosis

_____ 1. Presently employed in competitive labor market and will continue on same job or higher job
_____ 2. Employable at former job or another job without training
_____ 3. Vocational training required; client has training potential
_____ 4. Limited vocational training potential
_____ 5. No vocational training potential

C. Employment History; To An Employer, the Client's Past Work History Would:

_____ 1. Make a very favorable impression
_____ 2. Make a favorable impression
_____ 3. Seems adequate
_____ 4. Seems inadequate, but acceptable with reservations
_____ 5. Extremely bad employment history

D. Availability of Facilities and Client's Attitude Toward Temporary Relocation (Minimum of three weeks)

_____ 1. All necessary facilities are available or client looks forward to temporary relocation
_____ 2. Client accepts temporary relocation and adjustment problems will be relatively few or will not be severe or client resists using available facilities
_____ 3. Client accepts temporary relocation but may have difficulty adjusting to his new surrounding
_____ 4. Client is reluctant to relocate even temporarily and may encounter severe adjustment problems
_____ 5. Client strongly opposed to temporary relocation; adjustment problems would definitely endanger chances for success

E. Availability of Transportation

_____ 1. Client has easy access to an automobile or inexpensive public transportation
_____ 2. Client must be driven by family, friends, or use taxi, which are available
_____ 3. Client must be driven by family, friends, or use taxi, but these resources are not readily available
_____ 4. Many special considerations must be made by the counselor to provide transportation
_____ 5. Client is homebound or must remain in a hospital or institution

II. EDUCATION

A. _____ 13 years and above
B. _____ 10 to 12 years
C. _____ 7 to 9 years
D. _____ 0 to 6 years
E. _____ Special Education

III. ECONOMIC/VOCATIONAL STATUS

A. Vocational Level

_____ 1. Professional, Technical and Managerial
_____ 2. Licensed or certified trades and crafts, or other highly skilled work
_____ 3. Semi-skilled and clerical
_____ 4. Unskilled
_____ 5. Disability status precludes employment

B. Weekly Earnings

_____ 1. $100.01 per week and above
_____ 2. $70.01 per week to $100.00
_____ 3. $50.01 per week to $70.00
_____ 4. $10.01 per week to $50.00
_____ 5. $10.00 per week and below

C. Work Status

_____ 1. Wage or salaried worker (competitive labor market) or self-employed (except BEP)
_____ 2. Wage or salaried worker (sheltered workshop), state agency managed business enterprise (BEP)
_____ 3. Homemaker, unpaid family worker, not working student
_____ 4. Trainee or worker (non-competitive labor market)
_____ 5. Not working other

D. Primary Source of Support

_____ 1. Own Earnings
_____ 2. Dividends, Interest, Rent, and Savings
_____ 3. Family and friends, or non-disability insurance (Retirement, Survivors, Annuity, etc.)
_____ 4. Disability and Sickness Insurance (SSDI, Workmen's Compensation, Civil Service, etc.)
_____ 5. Public Assistance, Private Relief, or Resident of Public Institution

E. Dependency of Client on Others for Financial Support

_____ 1. Completely independent
_____ 2. Approximately 25% of income comes from sources other than earnings
_____ 3. Approximately 50% of income comes from sources other than earnings
_____ 4. Approximately 75% of income comes from sources other than earnings
_____ 5. Totally dependent on sources other than earnings

IV. PHYSICAL FUNCTIONING

A. General Health Status Other Than Disability

_____ 1. Feels good most of the time; has feelings of vitality
_____ 2. Generally feels good, but reports minor problems that seem reasonable
_____ 3. Multiple complaints, which seem mostly reasonable
_____ 4. Multiple complaints that seem mostly unjustified by physical condition
_____ 5. Multiple complaints that seem totally unjustified by his physical condition

B. Mobility

_____ 1. Totally independent
_____ 2. Ambulatory, but somewhat restricted or with minimal use of devices
_____ 3. Ambulatory with major devices, as unassisted wheelchair
_____ 4. Ambulatory only with assistance of another person, as assisted wheelchair
_____ 5. Bedridden

C. Physical Independent for Tasks Other than Mobility

_____ 1. Totally independent
_____ 2. Minimal assistance required
_____ 3. Dependent for one major or several minor tasks
_____ 4. Dependent for several major tasks
_____ 5. Constant need for attendant services

D. Work Tolerance

_____ 1. Minimal restrictions to type of work client can do
_____ 2. Occupations limited to light physical activity but able to work full-time
_____ 3. Sedentary work, low stress, or close supervision required; but able to work full-time
_____ 4. Unable to work full-time because of mental or physical condition
_____ 5. Current disability status precludes employment

E. Prominence of Vocationally Handicapping Condition (Including Mental and Emotional)

Handicap is:

_____ 1. Hidden and cannot be directly observed
_____ 2. Hidden and would only be observed episodically
_____ 3. Noticeable only after a period of interviewing, or only slightly noticeable
_____ 4. Marked and obvious, noticeable at once and continually manifest
_____ 5. Marked, obvious, and continually manifest and will be repugnant to most employers

F. Compensatory Skills

_____ 1. Has developed in other skill areas or with the use of devices, almost total compensation for disability
_____ 2. Has significant development in other skill areas, or with the use of devices, abilities which help compensate for disability
_____ 3. No real development in other skill areas and minimal use of devices
_____ 4. Some deterioration in other skill areas
_____ 5. Substantial deterioration in other skill areas

V. ADJUSTMENT TO DISABILITY

A. Identification with Worker Role

_____ 1. Client feels personal need to be independent, and do his share
_____ 2. Identity to worker role developing or deteriorated somewhat since disability but wants to work
_____ 3. Weak identity to worker role, little idea of day-to-day work demands
_____ 4. Client has adjusted to being dependent; talks of working but is unconvincing
_____ 5. Client strongly identifies with handicap and clings to dependent role

B. Compatibility of Employment Expectations with Client's Personality and Physical Condition

_____ 1. Client seems ideally suited for the work he desires
_____ 2. Client's employment expectations are reasonable, although not ideal
_____ 3. Client has no ideas concerning possible vocational goals, or his ideas are more "day dreams" than employment expectations
_____ 4. Client's employment expectations are very unrealistic and impractical
_____ 5. Client's employment expectations are so totally unrealistic and impractical, counselor must work with other professional persons, agencies, or institutions before client can proceed in the rehabilitation process

C. Client's Confidence in Himself as a Worker

_____ 1. Highly favorable, client's self-confidence inspires confidence from others
_____ 2. Client believes he can and will be a good employee in spite of his handicap
_____ 3. Client feels he will become a fairly good employee but exhibits little initiative
_____ 4. Client excessively timid or shows unimpressive over-confidence
_____ 5. Client can never see himself as being able to hold a job

VI. SOCIAL COMPETENCY

A. Language Facility

_____ 1. Reads and writes well; has no trouble understanding and communicating common vernacular and could learn to use technical language
_____ 2. Reads, speaks, and writes adequately; has no particular problem filling out employment applications, or holding job interview
_____ 3. Reads, speaks, and writes adequately for job applications and interview, but speaks slowly and may have some difficulty with other than simple written instructions
_____ 4. Reads, speaks and/or writes poorly, and will have difficulty interpreting even simple written instructions
_____ 5. Almost complete lack of language, functionally illiterate, extremely small vocabulary

B. Decision-Making Ability

_____ 1. Takes strong active role in decision-making
_____ 2. Slow to make decisions but makes his own decisions
_____ 3. Wants others to make decisions but will take some part in decision-making process
_____ 4. Others make decisions for him and manage his personal affairs
_____ 5. Will neither help make decisions not take action on help from others; counselor must work with other professional agencies, persons, or institutions before client can proceed in the rehabilitation process

C. Role in Family

_____ 1. Assumes appropriate role

_____ 2. Assumes appropriate role but some counselor reservation

_____ 3. Participates in familial affairs but evidence of underlying ambivalence toward family

_____ 4. Refuses to assume appropriate role

_____ 5. Conscious effort to disrupt family

D. Family Support

_____ 1. Good; family shows great deal of understanding of client; very supportive and helpful

_____ 2. Moderate; although not ideal, support is adequate

_____ 3. Fair; support given but is inappropriate; evidence of underlying ambivalence on the part of the family

_____ 4. Poor; support given but there is definite indifference on the part of the family toward client or his rehabilitation

_____ 5. Very poor; family definitely non-supportive, strong opposition

STATE OF ARKANSAS
Department of Social and Rehabilitative Services
REHABILITATION SERVICES
CLIENT OUTCOME MEASURE
PROGRAM PLANNING AND EVALUATION

Counselor _____ Client _____ Date _____

1. _____ Case Number
2. _____ Counselor Number
3. _____ Area Number
4. _____ Age
5. _____ Race (1-White, 2-Negro, 3-Indian 4-Latin American, 5-Other
6. _____ Sex (1-Male, 2-Female)
7. * _____ Referral Source
8. _____ Age Started Working
9. _____ Previous Agency Contact (1-Yes,2-No)
10. _____ Marital Status (1-Married, 2-Widowed, 3-Divorced, 4-Separated, 5-Nev. Married)
11. _____ Number of Dependents
12. _____ Age at Disablement
13. * _____ Primary Disability
14. * _____ Secondary Disability
15. _____ Number of Other Documented Disabilities

	STATUS	REASON FOR CLOSURE	TOTAL COST	WEEKLY EARNINGS	MINUTES TO COMPLETE
	*16	*17	18	19	20

(*Use R-300 Codes)

I. Vocational Functioning

A. Language Facility
- ____ 1. Almost complete lack of lanugage, functionally illiterate, extremely small vocabulary
- ____ 2. Reads, speaks and/or writes poorly, and will have difficulty interpreting even simple written instructions
- ____ 3. Reads, speaks, and writes adequately for job applications and interviews, but speaks slowly and may have some difficulty with other than simple written instructions
- ____ 4. Reads, speaks, and writes adequately; has no particular problem filling out employment applications, or holding job interviews
- ____ 5. Reads and writes well; has no trouble understanding and communicating common vernacular and could learn to use technical language.

B. Decision-Making Ability
- ____ 1. Will neither help make decisions nor take action on help from others; counselor must work with other professional agencies, persons, or institutions before client can proceed in the rehabilitation process
- ____ 2. Others make decisions for him and manage his personal affairs
- ____ 3. Wants others to make decisions but will take some part in decision-making process
- ____ 4. Slow to make decisions but makes his own decisions
- ____ 5. Takes strong active role in decision making

C. Vocational Level
- ____ 1. Disability status precludes employment
- ____ 2. Unskilled
- ____ 3. Semi-skilled and clerical
- ____ 4. Licensed or certified trades and crafts, or other highly skilled work
- ____ 5. Professional, Technical and Managerial

II. Physical Functioning

A. Mobility
- ____ 1. Bedridden
- ____ 2. Ambulatory only with assistance of another person, as assisted wheelchair
- ____ 3. Ambulatory with major devices, as unassisted wheelchair
- ____ 4. Ambulatory, but somewhat restricted or with minimal use of devices
- ____ 5. Totally independent

B. Physical Independence for Tasks Other Than Mobility
- ____ 1. Constant need for attendent services
- ____ 2. Dependent for several major tasks
- ____ 3. Dependent for one major or several minor tasks
- ____ 4. Minimal assistance required
- ____ 5. Totally independent

III. Economic/Vocational Status

A. Dependency of Client on Others or Financial Support
- ____ 1. Totally dependent on sources other than earnings
- ____ 2. Approximately 75% of income comes from sources other than earnings
- ____ 3. Approximately 50% of income comes from sources other than earnings
- ____ 4. Approximately 25% of income comes from sources other than earnings
- ____ 5. Completely independent

B. Weekly Earnings
- ____ 1. $10.00 per week and below
- ____ 2. $10.00 per week to $50.00
- ____ 3. $50.01 per week to $70.00
- ____ 4. $70.01 per week to $100.00
- ____ 5. $100.01 per week and above

C. Work Status
- ____ 1. Not working other
- ____ 2. Trainee or worker (non-competitive labor market)
- ____ 3. Homemaker, unpaid family worker, not working student
- ____ 4. Wage or salaried worker (sheltered workshop), state agency managed business enterprise (BEP
- ____ 5. Wage or salaried worker (competitive labor market) or self-employed (except BEP)

D. Primary Source of Support
- ____ 1. Public Assistance, Private Relief, or Resident of Public Institution
- ____ 2. Disability and Sickness Insurance (SSDI, Workmen's Compensation, Civil Service, etc.)
- ____ 3. Family and friends, or non-disability insurance (Retirement, Survivors, Annuity, etc.)
- ____ 4. Dividends, Interest, Rent, and Savings
- ____ 5. Own Earnings

E. Employment Prognosis
- ____ 1. No vocational training potential
- ____ 2. Limited vocational training potential
- ____ 3. Vocational training required; client has training potential
- ____ 4. Employable at former job or another job without training
- ____ 5. Presently employed in competitive labor market and will continue on same job of higher job

IV. Family Relationships

A. Role in Family
- ____ 1. Conscious effort to disrupt family
- ____ 2. Refuses to asume appropriate role
- ____ 3. Participates in familial affairs but evidence of underlying ambivalence toward family
- ____ 4. Assumes appropriate role but some counselor reservation
- ____ 5. Assumes appropriate role

B. Family Support
- ____ 1. Very poor; family definitely non-supportive, strong opposition
- ____ 2. Poor; support given but there is definite indifference on the part of the family toward client or his rehabilitation
- ____ 3. Fair; support given but is inappropriate; evidence of underlying ambivalence on the part of the family
- ____ 4. Moderate; although not ideal, support is adequate
- ____ 5. Good; family shows great deal of understanding of client; very supportive and helpful

V. Functional Tolerance

A. General Health Status Other Than Disability
- ____ 1. Multiple complaints that seem totally unjustified by his physical condition
- ____ 2. Multiple complaints that seem mostly unjustified by his physical condition
- ____ 3. Multiple complaints, which seem mostly reasonable
- ____ 4. Generally feels good, but reports minor problems that seem reasonable
- ____ 5. Feels good most of the time; has feelings of vitality

B. Work Tolerance
- ____ 1. Current disability status precludes employment
- ____ 2. Unable to work full-time because of mental or physical condition
- ____ 3. Sedentary work, low stress, or close supervision required; but able to work full-time
- ____ 4. Occupations limited physical activity but able to work full-time
- ____ 5. Minimal restrictions to type of work client can do

Counselor's Signature _____

APPENDIX C

CONSUMER'S MEASUREMENT OF VOCATIONAL REHABILITATION

FORM A-1

Today's Date _____

1. Are you employed at this time? Yes _____ No _____

   Note: If no, please skip questions 2, 3, and 4.

2. Are you working for the same employer you were six months ago?

   Yes _____ No _____

3 Are you doing the same kind of work you were doing six months ago?

   Yes _____ No _____

4 How satisfied are you with your present job?

   Very Satisfied _____ Satisfied _____ Neutral _____ Dissatisfied _____

   Very Dissatisfied _____

5 How many months during the last six have you been employed?

   0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

6. How many jobs have you had in the last six months?

   0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 or more _____

7 Have you again applied for rehabilitation services?

   Yes _____ No _____

8 What else could the Vocational Rehabilitation program have done that would have been of help to you in finding or keeping suitable employment?

_____

_____

_____

_____

_____

_____

Ask Yourself: How satisfied am I with this aspect of rehabilitation services?

Very sat. means I am very satisfied.
Sat. means I am satisfied.
N means I can't decide whether I am satisfied or not.
Dissat. means I am dissatisfied.
Very dissat. means I am very dissatisfied.
D.N.A. means this item does not apply to me.

Please place a check mark in the box that best explains how you feel about each statement.

Choose an answer for all statements.

IN MY EXPERIENCE WITH VOCATIONAL REHABILITATION, THIS IS THE WAY I FEEL ABOUT

	Very Sat.	Sat.	N	Dissat.	Very Dissat.	D.N.A.
9. The time it took to get the services started	☐	☐	☐	☐	☐	☐
10. Results of medical services	☐	☐	☐	☐	☐	☐
11. The quality of training I received	☐	☐	☐	☐	☐	☐
12. Benefit of training I received	☐	☐	☐	☐	☐	☐
13. My counselor's willingness to listen to my ideas and suggestions	☐	☐	☐	☐	☐	☐
14. The part my counselor played in actually helping me get my job	☐	☐	☐	☐	☐	☐
15. Vocational Rehabilitation's ability to make decisions	☐	☐	☐	☐	☐	☐
16. Ease with which I could enter the office	☐	☐	☐	☐	☐	☐
17. Personal treatment I received from Vocational Rehabilitation	☐	☐	☐	☐	☐	☐

Please put this questionnaire in the attached envelope and mail to the Regional Rehabilitation Research Institute. Thank you for your cooperation.

Questionnaire Number _____

District Number _____

REGIONAL REHABILITATION RESEARCH INSTITUTE
The University of Oklahoma
200 Felgar Street, Room 202
Norman, Oklahoma 73069

CONSUMER'S MEASUREMENT OF VOCATIONAL REHABILITATION

FORM B

Thank you for your time and assistance. Your response to this questionnaire will be kept confidential and will be interpreted only to identify the strengths and weaknesses of rehabilitation services.

Please complete the following 28 questions while asking yourself:
How satisfied am I with this aspect of rehabilitation service?

Very sat. means I am very satisfied.
Sat. means I am satisfied.
N. means I can't decide whether I am satisfied or not.
Dissat. means I am dissatisfied.
Very dissat. means I am very dissatisfied.
D.N.A. means this item does not apply to me.

Please place a check mark in the box that best explains how you feel about each statement.

	Very Sat.	Sat.	N	Dissat.	Very Dissat.	D.N.A.
1. The quality of training I received	☐	☐	☐	☐	☐	☐
2. My counselor's willingness to listen to my ideas and suggestions	☐	☐	☐	☐	☐	☐
3. The time it took to approve me for service	☐	☐	☐	☐	☐	☐
4. The amount of training I received	☐	☐	☐	☐	☐	☐
5. The office location	☐	☐	☐	☐	☐	☐
6. Quality of medical services	☐	☐	☐	☐	☐	☐
7. Benefit of training I received	☐	☐	☐	☐	☐	☐
8. The employment I now have	☐	☐	☐	☐	☐	☐
9. Promptness of medical service	☐	☐	☐	☐	☐	☐
10. Kind of training I received	☐	☐	☐	☐	☐	☐
11. Vocational Rehabilitation's ability to make decisions	☐	☐	☐	☐	☐	☐
12. The office itself	☐	☐	☐	☐	☐	☐
13. My counselor's discussing with me different jobs and job openings	☐	☐	☐	☐	☐	☐
14. My part in planning for my job	☐	☐	☐	☐	☐	☐
15. My counselor's ability to help me	☐	☐	☐	☐	☐	☐
16. The time it took to get the services started	☐	☐	☐	☐	☐	☐
17. The part my counselor played in actually helping me get my job	☐	☐	☐	☐	☐	☐
18. Personal treatment I received from VR	☐	☐	☐	☐	☐	☐
19. My referral to Vocational Rehabilitation	☐	☐	☐	☐	☐	☐
20. The personal treatment I received from the medical people	☐	☐	☐	☐	☐	☐
21. The number of forms and amount of paperwork	☐	☐	☐	☐	☐	☐
22. The speed with which services were given	☐	☐	☐	☐	☐	☐
23. The interest of my counselor in my employment	☐	☐	☐	☐	☐	☐
24. How my responsibilities were made clear to me at all times	☐	☐	☐	☐	☐	☐
25. Ease with which I could enter the office	☐	☐	☐	☐	☐	☐
26. How my employment fits my mental and physical abilities	☐	☐	☐	☐	☐	☐
27. The personal treatment I received from the people training me	☐	☐	☐	☐	☐	☐
28. Results of medical services	☐	☐	☐	☐	☐	☐
	Very Sat.	Sat.	N	Dissat.	Very Dissat.	D.N.A.

PLEASE TURN THE PAGE AND COMPLETE THE FOLLOWING QUESTIONS.

_____ Sex: Male ☐ Female ☐ Age _____

Disability _____ Present Job _____

Last grade completed in school _____ Years completed in college _____

Other training you have received _____

Race: White ☐ Negro ☐ Indian ☐ Spanish ☐ Other ☐

Referral: I referred myself to VR ☐ Someone else referred me ☐

Please answer each of the following:

(1) Would you return to Vocational Rehabilitation (VR) should you again have need of VR services? Yes ☐ No ☐

(2) Do you think the services provided by VR helped you get a better job than you would have found without VR services?

Yes ☐ No ☐

(3) In your contact with VR, did you ever in any way experience discrimination? Yes ☐ No ☐

How do you think rehabilitation services could be improved?

_____

_____

_____

ADDITIONAL COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

We are interested in knowing what happens to people after rehabilitation services end. Would you be willing to complete another questionnaire for us about six months from now?

Yes ☐ No ☐

If yes, please print your name and address so we can send you the follow-up questionnaire.

Name _____

Address _____
Street City State Zip Code

Please return this questionnaire in the enclosed envelope to:

Regional Rehabilitation Research Institute
The University of Oklahoma
1000 Asp Avenue - Room 204
Norman, Oklahoma 73069

08 26
28 30

District Number

West Virginia Research and
Training Center
Institute, West Virginia

APPENDIX D

Employee Questionnaire

Dear _____

We are interested in your current employment. Please fill out the enclosed equestionnaire and return it to us in the self-addressed, stamped envelope. Thank you.

West Virginia Rehabilitation
Research and Training Center

Name: _____

Age: _____

Marital Status: _____ Number of dependents: _____

Education (circle the grade completed):

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

A. 1. At the present time, a description of my work situation is (Circle ONE of the following categories):

1. Unemployed
2. Training or schooling (full or part time)
3. Self-employed
4. Employed part time
5. Employed full time

If you are employed part time or full time complete the following:

Name of firm _____
Address _____
Phone Number _____
Immediate Supervisor _____

2. What is your present job? (Give title) _____

3. Did Vocational Rehabilitation training prepare you for your job?

1. Yes
2. No

4. Were you able to do this type of work before you contacted Vocational Rehabilitation?

1. Able to do this work
2. Limited ability to do this work
3. Not able to do this work

5. Did the Vocational Rehabilitation counselor assist you in finding your job?

1. Yes
2. No

6. How would you rate the Vocational Rehabilitation services

   1. Very good
   2. Good
   3. Uncertain
   4. Poor
   5. Very poor

7. Do you think you will need additional service from the Vocational Rehabilitation counselor

   1. Yes
   2. No
   3. If you answered yes, what services would you like to have offered _____

   _____

   _____

   _____

8. How long have you had your present job _____months.

9. How many hours do you work per WEEK, including the time it takes you to go to and from where you work? (Circle ONE)

   1. Not working now
   2. Less than 20 hours
   3. 20-40 hours
   4. Over 40 hours

10. Do you get any enjoyment, aside from the money you earn, out of your present job? (Circle ONE)

    1. Not at all
    2. Little
    3. Much
    4. Very much

11. If at some time in the future you needed to get a job, do you feel that (Circle ONE)

    1. You should find the job for yourself?
    2. Your counselor should find the job for you?
    3. Some other agency should get a job for you?

12. Circle ONE of the following statements which best tells how well you like your job.

    1. I hate it
    2. I dislike it
    3. I don't like it
    4. I am indifferent to it
    5. I like it
    6. I am enthusiastic about it
    7. I love it

13. Circle ONE of the following to show how much of the time you feel satisfied with your job.

    1. All the time
    2. Most of the time
    3. A good deal of the time
    4. About half of the time
    5. Occasionally
    6. Seldom
    7. Never

14. Circle ONE of the following which best tells how you feel about changing your job.

1. I would quit this job at once if I could get anything else to do.
2. I would take almost any other job in which I could earn as much as I am earning now.
3. I would like to change both my job and my occupation.
4. I would like to exchange my present job for another job.
5. I am not eager to change my job, but I would do so if I could get a better job.
6. I cannot think of any jobs for which I would exchange.
7. I would not exchange my job for any other.

15. Circle ONE of the following to show how you think you compare with other people.

1. No one likes his job better than I like mine.
2. I like my job much better than most people like theirs.
3. I like my job better than most people like theirs.
4. I like my job about as well as most people like theirs.
5. I dislike my job more than most people dislike theirs.
6. I dislike my job much more than most people dislike theirs.
7. No one dislikes his job more than I dislike mine.

B. 16. I don't have trouble with my co-workers.

1. Strongly agree
2. Agree
3. Uncertain
4. Disagree
5. Strongly disagree

17. I go to work on time and return from breaks on time.

1. Strongly agree
2. Agree
3. Uncertain
4. Disagree
5. Strongly disagree

18. I get along well with my supervisor.

1. Strongly agree
2. Agree
3. Uncertain
4. Disagree
5. Strongly disagree

19. I get my work done without being told by my supervisor.

1. Strongly agree
2. Agree
3. Uncertain
4. Disagree
5. Strongly disagree

20. I try to look my best when I'm doing my job.

1. Strongly agree
2. Agree
3. Uncertain
4. Disagree
5. Strongly disagree

21. I usually try to be polite to my supervisor and to others while I'm working.

1. Strongly agree
2. Agree
3. Uncertain
4. Disagree
5. Strongly disagree

22. I think I gain as much from the work as I put into it.

1. Strongly agree
2. Agree
3. Uncertain
4. Disagree
5. Strongly disagree

23. I can always be counted on to get my job done.

1. Strongly agree
2. Agree
3. Uncertain
4. Disagree
5. Strongly disagree

24. I don't mind working really hard all day long.

1. Strongly agree
2. Agree
3. Uncertain
4. Disagree
5. Strongly disagree

25. I start new jobs without waiting to be told by my supervisor.

1. Strongly agree
2. Agree
3. Uncertain
4. Disagree
5. Strongly disagree

26. I regard my present job as an important one.

1. Strongly agree
2. Agree
3. Uncertain
4. Disagree
5. Strongly disagree

27. I think my knowledge about my job is

1. Very good
2. Good
3. Fair
4. Poor
5. Very poor

28. My work skill in the trade is

1. Very good
2. Good
3. Fair
4. Poor
5. Very poor

29. I think the quality of my work is

1. Very good
2. Good
3. Fair
4. Poor
5. Very poor

30. I think my operation and care of equipment are

1. Very good
2. Good
3. Fair
4. Poor
5. Very poor

31. My observance of safety practices in the shop is

1. Very good
2. Good
3. Fair
4. Poor
5. Very poor

32. I think my following the shop rules is

1. Very good
2. Good
3. Fair
4. Poor
5. Very poor

33. I myself am

1. Extremely happy
2. Quite happy
3. Slightly happy
4. Neither happy nor sad
5. Slightly sad
6. Quite sad
7. Extremely sad

34. I myself am

1. Extremely satisfied
2. Quite satisfied
3. Slightly satisfied
4. Neither satisfied nor dissatisfied
5. Slightly dissatisfied
6. Quite dissatisfied
7. Extremely dissatisfied

35. I myself am

1. Extremely optimistic
2. Quite optimistic
3. Slightly optimistic
4. Neither optimistic nor pessimistic
5. Slightly pessimistic
6. Quite pessimistic
7. Extremely pessimistic

36. The world of work is

1. Extremely good
2. Quite good
3. Slightly good
4. Neither good nor bad
5. Slightly bad
6. Quite bad
7. Extremely bad

37. The world of work is

1. Extremely important
2. Quite important
3. Slightly important
4. Neither important nor unimportant
5. Slightly unimportant
6. Quite unimportant
7. Extremely unimportant

38. The world of work is

1. Extremely interesting
2. Quite interesting
3. Slightly interesting
4. Neither interesting nor dull
5. Slightly dull
6. Quite dull
7. Extremely dull

C. If you are not married, skip items 39 through 42, and return the completed questionnaire to us in the self-addressed envelope. If you are married, please complete items 34 through 37.

39. Is your husband (or wife) working now? (Please circle)

1. Yes
2. No

40. If your husband (or wife) is working now, circle ONE of the following statements.

1. She (or he) has to work.
2. She (or he) wants to work.

41. If your husband or wife is not working now, circle ONE of the following statements.

1. She (or he) wants to but cannot.
2. She (or he) does not want to.

42. Do you agree with your husband or wife on family affairs. (Please circle ONE)

1. Never
2. Very rarely
3. Half of the time
4. Most of the time
5. Always

This is the end of the questionnaire. Please use the enclosed self-addressed envelope to return the completed form to us.

Thank you for your cooperation.

Vocational Rehabilitation
Department of Social and
Rehabilitative Services
Providence, Rhode Island

APPENDIX E

Rehabilitation Opinion Survey

Instructions

We ask that you complete this survey as part of a study being conducted to give your counselors a better understanding of the problems that confront persons with disabilities. The statements you will find on the attached pages have been prepared from opinions expressed by vocationally handicapped people who come to this and other offices for rehabilitation assistance. You are asked to indicate how much you agree or disagree with these opinions in the following way:

MARK

A - If you strongly agree or if this is close to your exact opinion or feeling about this matter.

B - If you agree or if this is somewhat the way you feel about it.

C - If you are neutral—you neither agree nor disagree, or if you have no particular opinion about the matter.

D - If you disagree, or if your opinion is somewhat different from the one given.

E - If you strongly disagree, or if your opinion and feelings are very different.

Refer to these instructions frequently if you wish. Completing the survey will take only a few minutes, but there is no time limit. The purpose of the study is to discover, if possible, the opinion of most people on these matters and to help us arrange our services to meet the special problems and feelings of each individual. You will help a great deal if you indicate your own reaction frankly and definitely. Do not concern yourself about the facts in these cases. Your answers, of course, are strictly confidential. Please answer every item.

1. Counseling and rehabilitation help are fine for some people but with certain disabilities a person doesn't stand a chance of getting a good job. A B C D E

2. You can't get ahead without an education.	A B C D E
3. When you're applying for a job you should never let an employer know that you have a disability.	A B C D E
4. As soon as employers find out you haven't worked for a long time they give you the "brush-off".	A B C D E
5. There's no job too difficult to learn if you work hard at learning it.	A B C D E
6. The only good job is one where you're the boss.	A B C D E
7. Anybody with a disability has two strikes on him before he even starts looking for work.	A B C D E
8. Practically every good job a disabled person hears about is turned down for him by the doctors.	A B C D E
9. Maybe disabled persons can't do all the things they used to do but they can still work as well as anyone else at some jobs.	A B C D E
10. People shouldn't even try to go to college or take difficult training unless they know they have enough mental ability to be successful.	A B C D E
11. You shouldn't try to force yourself to take a job or get training unless you really feel like it.	A B C D E
12. It would be better to make disabled people take rehabilitation help than to just let them decide for themselves.	A B C D E
13. Anyone can do well in school if he studies hard enough.	A B C D E
14. There's no need to go around telling everyone you're disabled but if you have to answer questions about it to get employment, you should answer with the facts.	A B C D E
15. Having a relative in the business is about the only way a disabled person can get a job he wants.	A B C D E

16. Letting people "try out" on actual jobs would be a lot better than using tests and interviews to decide what jobs would be best for them. A B C D E

17. It's unfair to ask a man to go back to school or learn a new job just because he's handicapped on his old job—the old job should be adjusted so he could handle it. A B C D E

18. Most people could get along very well making their own decisions but someone else keeps pressing them to do something. A B C D E

19. It's who you know—not what you know— that counts. A B C D E

20. People just don't believe that disabled persons are as handicapped as they really are. A B C D E

21. Employment managers, counselors, social workers and all those people are very nice to you if you're disabled but none of them really do anything for you. A B C D E

22. Plenty of people with disabilities have made out well on good jobs and so can anyone if he just keeps trying. A B C D E

23. Employers don't really believe that a disabled worker can be just as efficient as any other worker. A B C D E

24. With all the aptitude tests and counseling you can get now it's much easier to pick out a job. A B C D E

25. A big part of the difference between failure and success is hard work. A B C D E

26. Even the doctors seem to think that most of your disability is "in your head". A B C D E

27. The smart thing to do is to wait for the right job—not just take the first thing that comes along. A B C D E

28. The best way to handle a disability is to try to forget it. A B C D E

29. It's better to forget about rehabilitation, or work or going to school and activities like that if you have to mix in with a lot of other people. A B C D E

30. Employers should not demand as much work from disabled people as from workers who don't have handicaps. A B C D E

31. Your worries are over if you can get the rehabilitation people working on your problem. A B C D E

32. One of the hardest things is picking out the kind of job to train for because after you've had the training you may not like the job. A B C D E

33. A lot of people quit school because they didn't like it but when they get older they should get a chance to go back to school because they're more serious and would be better students. A B C D E

34. Tests will tell you what type of work you should do. A B C D E

35. When a disabled worker is on the right kind of job he's just as good and lots of times better at the job than workers without disabilities. A B C D E

36. Most employers are too interested in making money to bother about helping handicapped people. A B C D E

37. The right job will come along if you just sit back and wait. A B C D E

38. One of the biggest worries after you've trained for work is whether you're going to be laid off. A B C D E

39. Getting ahead in spite of a disability is a case of mind over matter; you just have to convince yourself things are going to work out. A B C D E

40. The trouble with people is they try to push disabled persons into rehabilitation services before they're ready. A B C D E

41. A disabled person never gets a chance to train for a good job with all the other applicants available. A B C D E

42. Keeping a job is often harder than finding one. A B C D E

43. You really need someone to tell you what kind of work would be best for you. A B C D E

44. Most people can tell if you're disabled even if the disability doesn't actually show. A B C D E

45. You're better off in a hospital or some special workshop if you're disabled. A B C D E

46. Rehabilitation counseling may by O.K. for some people but it's not much use for the majority of people. A B C D E

47. Employers don't want diabled people on the payroll. A B C D E

48. Hardly anyone knows what kind of work he's really interested in. A B C D E

49. The only way to get security is to get as much education as you can. A B C D E

50. Other workers don't like to see disabled persons come on jobs like theirs because of fear that the disabled employees will be given preference, espacially if a layoff becomes necessary. A B C D E

51. It's a waste of time to go back to school with a lot of "kids" after you've been out of school a long time. A B C D E

52. It doesn't really matter whether you like a job just as long as it has security and a future. A B C D E

53. A disabled man with a family is really up against it because he can never find a job where he can have security and enough pay to support his family. A B C D E

54. Skilled workers won't really teach their trades to disabled people because they don't like to see competition getting into these skilled trades. A B C D E

55. It's much better to know what you want to do and really try to do it without bothering with aptitude tests and guidance help. A B C D E

56. Employers should make special arrangements so that they can hire handicapped workers. A B C D E

57. Anyone can learn a job if he gets a chance. A B C D E

58. Getting a job to suit your disability is O.K. but it's never one that you really want. A B C D E

59. The best system would be to give disabled persons enough money to live on and let the people without disabilities have the jobs. A B C D E

60. There's always someone who keeps after you to "get ahead", "do better", or something like that. A B C D E

61. Knowing where to find a job is more important than taking a lot of tests to find out what you're suited for. A B C D E

62. Most of the jobs a disabled person can get are so simple you don't need any training. A B C D E

63. In many cases a disabled person can't train or go to school to learn suitable jobs because he can't support his dependents while he's learning. A B C D E

64. People with certain kinds of disabilities are given preference in rehabilitation services. A B C D E

65. The worst job you can get is one where you have to take orders from people in higher positions. A B C D E

66. Employers take disabled people into rehabilitation training just to get "cheap help". A B C D E

67. It's nice to think of getting a job that you'd like but people with disabilities can't be choosy. A B C D E

68. It's a better arrangement for a disabled man with a family to stay home and take care of the family and let his wife go out to work. A B C D E

69. There should be a law that employers would have to hire disabled persons for jobs that they can do. A B C D E

70. It takes patience and hard work to find the right job or training if you're disabled. A B C D E

71. The place for a disabled person to go for a job is where they don't give physical examinations. A B C D E

72. There are plenty of suitable jobs that disabled persons can't get because employers won't make special allowances for them. A B C D E

73. People don't understand what it's like to be disabled unless they are disabled. A B C D E

74. If you're disabled the best way to get a good vocational opportunity is to convince an employer that you can make money for him as well as anyone else can. A B C D E

75. Everyone should take aptitude tests to find out what they're fitted for. A B C D E

76. Age is a bigger problem than disability in trying to find a good job. A B C D E

77. It's easy enough for a disabled person to find a job but the jobs they want to give him are never any good. A B C D E

78. The best kind of job is where you work pretty much by yourself. A B C D E

79. If you have a disability you can't get a chance to learn a good job in competition with a lot of young people just out of school. A B C D E

80. It's foolish to leave a job you know to take a chance on a new job even if the new one is better for your health. A B C D E

81. There really should be a way to make employers give a disabled person a chance to try out on a job. A B C D E

82. If you're disabled it's better to take the advice of the rehabilitation people instead of trying to find a suitable job for yourself. A B C D E

83. You should aim for the top regardless of the advice other people give you. A B C D E

84. Sometimes the big problem is knowing how to find any job—not what job to look for. A B C D E

85. It's better to have any kind of a job than to wait around for one that suits you. A B C D E

86. The minute an employer finds out you're disabled he loses interest in hiring you. A B C D E

87. There should be a law that other workers would have to teach their jobs to disabled persons. A B C D E

88. The ideal way to go about rehabilitating yourself is to get help from tests and counseling but to decide for yourself what you're going to do. A B C D E

89. If you're disabled, getting a good job is mostly luck. A B C D E

90. Everyone needs help in finding the right job. A B C D E

91. When you're applying for a job you should always tell an employer about any disability you have. A B C D E

92. There should be shops where just disabled people work so they wouldn't have to compete with people who don't have disabilities. A B C D E

93. In order to get a decent job, a disabled person has to know twice as much as other applicants. A B C D E

94. Even if you know what you want to do you should take tests to find out if you're right. A B C D E

95. Every time you find a job you really like, it turns out that it's not suited to your disability. A B C D E

96. Most employers don't care whether you're disabled or not if you're a good worker. A B C D E

Division of Vocational Rehabilitation Services
Trenton, New Jersey

APPENDIX F

Follow-Up Survey of Vocational Rehabilitation Clients

Please answer the following questions. All information is confidential and is for research use only. No employers will be contacted.

If you have any questions, please telephone collect (609) 292-2765 or (609) 292-7395 between 9:00 a.m. and 4:30 p.m. for assistance.

For Office Use Only

1. Check the one sentence that best describes your employment status.

- ☐ I am employed full-time for pay.
- ☐ I am employed part-time. I am seeking full-time employment.
- ☐ I am employed part-time. I am not seeking full-time employment.
- ☐ I am not employed. I am seeking employment.
- ☐ I am not employed. I am not seeking employment.

2. Check the sentence that best describes your situation.

- ☐ My main activity is being a homemaker.
- ☐ My main activity is being a student.
- ☐ I am retired.
- ☐ I feel I am too disabled to work.
- ☐ My doctor tells me I am too disabled to work.
- ☐ Employers say that I am too disabled to work.
- ☐ I work at a Rehabilitation Center or Workshop.
- ☐ None of the above applies to me.

3. How many jobs for pay have you held since January 1, 1971?

☐	☐	☐	☐	☐
0	1	2	3	4 or more

4. Circle the number that indicates how many months you were unemployed in each of the last three years.

1971:	0	1	2	3	4	5	6	7	8	9	10	11	12
1972:	0	1	2	3	4	5	6	7	8	9	10	11	12
1973:	0	1	2	3	4	5	6	7	8	9	10	11	12

For Office Use Only

5. Please answer these questions about the jobs that you have had since January 1, 1971. Put your present job, or the last one you had, first. If you have not worked for pay since January 1, 1971, skip this question and to to question 6.

	Present or Last Job	Next to Last	Before That
Occupation			
Date started	mo. yr.	mo. yr.	mo. yr.
Date ended	mo. yr.	mo. yr.	mo. yr.
Total time employed			
Hours per week			
Pay before deductions	$ per	$ per	$ per
Do you rate this job good, fair or poor?			
Reason for leaving			

6. Have you received income from any of the following sources since January 1, 1971? Please check any that apply.

- ☐ Public Assistance (this includes Aid to Families with Dependent Children; Aid to the Permanently and Totally Disabled; Old Age Assistance; General Assistance; and Aid to the Blind.)
- ☐ Social Security Disability Benefits
- ☐ Unemployment Benefits
- ☐ Workmen's Compensation
- ☐ Veteran's Benefits for Disability
- ☐ None of the above applies to me

7. If you received income from any of the sources listed in question 6, please indicate the number of months and amount per month for each of the last three years.

1971: _____ number of months $_____ amount per month

1972: _____ number of months $_____ amount per month

1973: _____ number of months $_____ amount per month

8. Please indicate which of the following services you received from the New Jersey Rehabilitation Commission and which ones you found helpful to you.

	I received this service	This service was helpful	For Office Use Only
Medical Services	☐	☐	☐
Psychological Counseling	☐	☐	☐
Help in obtaining a job	☐	☐	☐
Education	☐	☐	☐
Job Training	☐	☐	☐
Tools and Equipment	☐	☐	☐
Sheltered Workshop Training	☐	☐	☐
Other _____ (please name)	☐	☐	☐

9. Beside each of the following statements check the box that best describes your feelings about the services you received from the New Jersey Rehabilitation Commission.

	Very Satisfactory	Somewhat Satisfactory	Neither Satisfactory Nor Unsatisfactory	Somewhat Unsatisfactory	Very Unsatisfactory	For Office Use Only
My counselor's interest in my case was	☐	☐	☐	☐	☐	☐
The length of time between my application and the time I received services was	☐	☐	☐	☐	☐	☐
The explanation of kinds of help available for me was	☐	☐	☐	☐	☐	☐
The interest of people I was sent to was.	☐	☐	☐	☐	☐	☐
Overall, I feel the help I received was	☐	☐	☐	☐	☐	☐

For Office Use Only
☐
☐
☐
☐
☐
☐

10. Please check the items that apply to you.

Highest grade completed:

☐ 0-7 ☐ 8 ☐ 9-11 ☐ 12 ☐ 2 yrs. College ☐ BS or BA ☐ Beyond Bach.

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced

Number of dependents (Not counting yourself): ☐ 0 ☐ 1 ☐ 2 ☐ 3-4 ☐ 5 or more

11. Answer these questions only if you wish to. Check the following items which are true for you.

Racial Group: ☐ Black ☐ White ☐ Oriental ☐ Other_____ (specify)

Language usually spoken at home: ☐ English ☐ Spanish ☐ Other _____ (specify)

12. Thank you for your cooperation in this study. If you have any comments you would like to add, please include them below.

_____

_____

_____

_____

13. Did you have trouble understanding any items on the questionnaire?

Yes ☐

No ☐

If yes, which ones? Circle the number below

1 2 3 4 5 6 7 8 9 10 11 12

APPENDIX G

HUMAN SERVICE SCALE

IS PART TO BE COMPLETED BY THE PROFESSIONAL

IDENTIFICATION NUMBER | ADMIN. | DISCODE | A12701

DO NOT WRITE IN THIS BOX

FM: ADD ○ DROP ○ CHG ○ OTHER ○

AME _____
(Last) (First) (M.I.)

DDRESS _____
(Street or R.R.)

(City) (State) (Zip)

ELEPHONE _____

OCIAL SECURITY NO. ___ ___ ___ ___ ___ ___ ___ ___ ___

GE _____ BIRTH DATE MO ___ DAY ___ YR ___

EX Ⓜ Ⓕ

IENT NO. _____

OUNSELOR NO. _____

DO NOT WRITE BEYOND THIS LINE

MARITAL STATUS

- Married
- Widowed
- Divorced
- Separated
- Never Married
- Marriage Annulled
- Unknown

EDUCATION

- None
- 1-7 grade
- 8th grade
- 9-11 grade
- High School Diploma
- Vocational-Technical without Licensure/Certification
- Vocational-Technical with Licensure/Certification
- Attended College one or more semesters
- Four Year College Degree
- Graduate Degree
- Unknown

NUMBER OF DEPENDENTS other than yourself

0 1 2 3 4 5 6 7 8 9 10 11 12 or more

HERITAGE

- White
- Black
- American Indian
- Spanish Surname
- Other
- Unknown

LIVING ARRANGEMENT

- Living alone
- Living with spouse
- Living with one or both parents (including step-parents)
- Living with non-relatives
- Other

WORK STATUS

- Wage or salaried worker (competitive labor market)
- Wage or salaried worker (sheltered workshop)
- Self-employed (except BEP)
- State agency – managed business enterprise (BEP)
- Homemaker
- Unpaid family worker
- Not working – student
- Unemployed

PRIMARY SOURCE OF SUPPORT

- Current earnings, interest, dividends, rent
- Family and friends
- Private relief agency
- Public assistance, at least partly with Federal funds
- Public assistance, without Federal funds
- Public institution – tax supported
- Workmen's compensation
- Social Security Disability Insurance benefits
- Other disability, sickness, survivors', or age-retirement benefits (except from private insurance) unemployment insurance benefits
- Annuity or other non-disability insurance benefits (private insurance)
- Disability or sickness benefits (private insurance); savings; other sources
- Not reported

VETERAN

○ Yes ○ No ○ Selective Service rejectee

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DIRECTIONS: DARKEN THE CIRCLE IN FRONT OF DESIRED RESPONSE FOR EACH QUESTION.

1. What is your main source of support?
   - (A) your own earnings (wages, workshop payments, income from own business)
   - (B) savings, property or other investments
   - (C) earnings of someone else in family
   - (D) Social Security, pension payments, or Unemployment Compensation payments
   - (E) Public Assistance or Welfare payments

2. How much Public Assistance or Welfare payments (but not earnings, Social Security, Pension Payments, or unemployment compensation payments) are you receiving per month?
   - (A) No Public Welfare Assistance at this time
   - (B) 1 to 75 dollars per month
   - (C) 76 to 150 dollars per month
   - (D) 151 to 225 dollars per month
   - (E) more than 225 dollars per month

3. How much do you earn (wages, workshop payments, income from own business, savings, property or other investments) per week (nearest dollar)?
   - (A) none
   - (B) 1 to 35 dollars per week
   - (C) 36 to 70 dollars per week
   - (D) 71 to 105 dollars per week
   - (E) 106 dollars or more per week

4. How many jobs (either paid or unpaid work) have you had in the last six months?
   - (A) none (did not work)
   - (B) 1 job (C) 2 jobs (D) 3 jobs (E) 4 or more

5. How often are you bothered by rapid heart beat?
   - (A) very often (D) sometimes
   - (B) often (E) hardly ever
   - (C) as often as not

6. How often are you uncertain about decisions you make?
   - (A) very often (D) sometimes
   - (B) often (E) hardly ever
   - (C) as often as not

7. How often, when you need help, can you find someone to help you?
   - (A) very often (D) sometimes
   - (B) often (E) hardly ever
   - (C) as often as not

8. How often do you worry about growing old?
   - (A) very often (D) sometimes
   - (B) often (E) hardly ever
   - (C) as often as not

9. How often do you have trouble showing your feelings to your family?
   - (A) very often (D) sometimes
   - (B) often (E) hardly ever
   - (C) as often as not

10. How often are you bothered by shortness of breath when not exercising?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

11. How often do you feel depressed, down, or very unhappy?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

12. How often do you feel down or discouraged because your major problems cause you to waste time?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

13. How often do you become so sick you have to cut down on your usual activities?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

14. How often do you feel restless?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

15. How often do you get together with friends (going out together or visiting in each others' home)?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

16. How often do you worry about the future?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

17. How often has your family failed to help you when you needed help?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

18. How often do you worry about your family having enough money?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

19. How often do you tend to go to pieces under pressure?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

20. How often are you able to solve your own problems?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

21. How often do you worry about getting ahead in the world?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

22. How often do you worry about getting along with your family?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

23. How often do you become interested in something new?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

24. How often do you treat other people badly?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

25. How often have you felt that you are not the kind of family member that you would like to be?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

26. How often are you bothered by muscle twitches, trembling, or shakes?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

27. How often does your family accept you as you are?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

28. How often do you have headaches?
    - (A) very often (D) sometimes
    - (B) often (E) hardly ever
    - (C) as often as not

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How often do things happen to make angry?
ery often (D) sometimes
often (E) hardly ever
s often as not

How often do other members of the ily talk to you about what went on ing the day?
ery often (D) sometimes
often (E) hardly ever
s often as not

How often do you feel dizzy?
ery often (D) sometimes
often (E) hardly ever
s often as not

Generally speaking, how often do you to your family about what went on ing the day?
very often (D) sometimes
often (E) hardly ever
s often as not

In general, how often do you feel less?
very often (D) sometimes
often (E) hardly ever
s often as not

How often have you consulted a doc- psychiatrist, psychologist, or anyone about a nervous problem?
very often (D) sometimes
often (E) hardly ever
s often as not

How often do your major problems ke you feel inferior?
very often (D) sometimes
often (E) hardly ever
s often as not

How often in the past year have you n a doctor or been hospitalized for r physical problems?
very often (D) sometimes
often (E) hardly ever
as often as not

How often do you have general aches pains?
very often (D) sometimes
often (E) hardly ever
as often as not

How often do your major problems ke it difficult for you to make friends?
very often (D) sometimes
often (E) hardly ever
as often as not

How often do you have a common d or the flu?
very often (D) sometimes
often (E) hardly ever
as often as not

How often do you have skin rashes?
very often (D) sometimes
often (E) hardly ever
as often as not

41. How often have you felt that you are going to have a nervous breakdown?
(A) very often (D) sometimes
(B) often (E) hardly ever
(C) as often as not

42. About how much time a week do you spend doing things together with your family?
(A) 5 hours or less
(B) 6 to 11 hours
(C) 12 to 17 hours
(D) 18 to 23 hours
(E) 24 hours or more

43. Read the list of clubs and organizations to which people may belong.

1. any parent-teachers group
2. church-connected groups (usher's club, Ladies Aid, etc.)
3. fraternal lodge or auxiliary
4. neighborhood clubs, community center (including YWCA, YMCA)
5. card clubs or social clubs
6. veteran's association
7. service club (Rotary, Lions, etc.)
8. civic organizations (participation in charity drives, Red Cross, etc.)
9. sports team
10. participation in political activities, a political club or party

How many of the above organizations do you take an active part in?
(A) none of them (D) 5 or 6 of them
(B) 1 or 2 of them (E) 7 or more of them
(C) 3 or 4 of them

44. How often do you feel bored?
(A) very often (D) sometimes
(B) often (E) hardly ever
(C) as often as not

45. Read the following list of things families may do together.

1. visit friends
2. go to a movie, bowling, sporting event, or some other entertainment
3. spend an evening just talking with each other
4. working on some household project
5. entertaining friends in your home
6. go shopping
7. have a good laugh together or share a joke
8. eat out in a restaurant
9. are affectionate toward each other
10. take a drive or go for a walk
11. help a family member solve some problem
12. take part in some religious activity

How many of these things does your family do together?
(A) none of these things (D) 5 or 6 of them
(B) 1 or 2 of them (E) 7 or more of these things
(C) 3 or 4 of them

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46. In the last year, [illegible] ny n[illegible] friends have you made?
(A) very many (D) a few
(B) many (E) none
(C) some

47. How often are you bothered by an upset stomach?
(A) very often (D) sometimes
(B) often (E) hardly ever
(C) as often as not

48. How often do you worry about not having enough money?
(A) very often (D) sometimes
(B) often (E) hardly ever
(C) as often as not

49. How often do you like spending time with your family?
(A) very often (D) sometimes
(B) often (E) hardly ever
(C) as often as not

50. How often do your major problems keep you from making use of your abilities?
(A) very often (D) sometimes
(B) often (E) hardly ever
(C) as often as not

51. About how many people did you meet during the last year, other than those you meet where you work, that you never met before?
(A) very many (D) a few
(B) many (E) none
(C) some

52. How often do you worry about your health?
(A) very often (D) sometimes
(B) often (E) hardly ever
(C) as often as not

53. About how many friends do you usually keep in touch with?
(A) very many (D) a few
(B) many (E) none
(C) some

54. Read this list of activities which you might take part in with other people in your community.

1. sports: football, basketball, tennis, golf, etc.
2. outdoor activities: hunting, fishing, hiking, etc.
3. indoor activities: bowling, table tennis, dancing, cards, etc.
4. other social activities

How many of the above activities do you take part in with other people in your community?
(A) none of them (D) 3 of them
(B) 1 of them (E) 4 or more of them
(C) 2 of them

PLEASE CONTINUE ON NEXT PAGE

55. How many hours each week do you spend on activities with other people in your community?
Ⓐ 1 hour or less
Ⓑ 2 to 7 hours
Ⓒ 8 to 13 hours
Ⓓ 14 to 19 hours
Ⓔ 20 hours or more

56. How many weeks during the last six months were you unemployed?
Ⓐ none
Ⓑ 1-8 weeks
Ⓒ 9-16 weeks
Ⓓ 17-24 weeks
Ⓔ 24 or more weeks

57. During the last six months, about how many days have your major problems kept you in bed all or most of the day?
Ⓐ none
Ⓑ 1-7
Ⓒ 8-14
Ⓓ 15-21
Ⓔ 22 or more

58. How many people do you know whom you feel free to talk to about personal things and problems?
Ⓐ very many
Ⓑ many
Ⓒ some
Ⓓ a few
Ⓔ none

59. How satisfied are you with your social life?
Ⓐ very satisfied
Ⓑ satisfied
Ⓒ not too satisfied but not too dissatisfied
Ⓓ dissatisfied
Ⓔ very dissatisfied

60. Which of the following statements best describes your present financial situation?
Ⓐ very good
Ⓑ good
Ⓒ average
Ⓓ poor
Ⓔ very poor

61. Apart from mortgages on your house, how many debts could you pay off in the next two months?
Ⓐ none of them
Ⓑ a few of them
Ⓒ some of them
Ⓓ all of them
Ⓔ have no debts

62. Taking all things together, how would you describe your family life?
Ⓐ very happy
Ⓑ happy
Ⓒ not too happy but not too unhappy
Ⓓ unhappy
Ⓔ very unhappy

63. Which of the following best describes what you are presently doing?
Ⓐ work for wages or salary or in own business, including investments
Ⓑ homemaker or housewife (housework for own family)
Ⓒ work in workshop or homebound employment
Ⓓ student or job training
Ⓔ unemployed

IF YOUR ANSWER TO QUESTION NO. 63 WAS "E" (UNEMPLOYED), STOP HERE. IF NOT, PLEASE CONTINUE. STUDENTS, PERSONS IN TRAINING, AND HOUSEWIVES SHOULD ANSWER THE FOLLOWING QUESTIONS ABOUT JOBS WITH THEIR PRESENT ACTIVITY (SCHOOL, TRAINING, OR HOUSEWORK) IN MIND AS THEIR "WORK" AT THIS TIME.

64. How often does your present work let you make decisions on your own?
Ⓐ very often
Ⓑ often
Ⓒ as often as not
Ⓓ sometimes
Ⓔ hardly ever

65. How often does your present work give you enough to do?
Ⓐ very often
Ⓑ often
Ⓒ as often as not
Ⓓ sometimes
Ⓔ hardly ever

66. During the last two weeks, how many days of work did you miss due to a minor sickness such as a cold or sore throat?
Ⓐ none
Ⓑ 1-2
Ⓒ 3-4
Ⓓ 5-6
Ⓔ 7 or more

67. How many hours do you now work each week?
Ⓐ 10 or less
Ⓑ 11 to 20 hours
Ⓒ 21 to 30 hours
Ⓓ 31 to 40 hours
Ⓔ over 40 hours

68. How often do you learn new things from your present work?
Ⓐ very often
Ⓑ often
Ⓒ as often as not
Ⓓ sometimes
Ⓔ hardly ever

69. Read this list of activities that you may take part in where you work.

1. belong to some type of club or organization composed of people with whom I work or who have similar work.
2. belong to a union; attend union meetings
3. socialize after work hours with fellow workers
4. other activities related to your work

How many of the above do you do?
Ⓐ none of them
Ⓑ one of them
Ⓒ two of them
Ⓓ three of them
Ⓔ four or more of them

70. What is the total number of hours you spend each week on the above activities? Choose one of the following.
Ⓐ 2 hours or less
Ⓑ 3 to 5 hours
Ⓒ 6 to 8 hours
Ⓓ 9 to 11 hours
Ⓔ 12 hours or more

71. How often do you find it hard to make friends with your present co-workers or people who are doing what you do?
Ⓐ very often
Ⓑ often
Ⓒ as often as not
Ⓓ sometimes
Ⓔ hardly ever

72. How often are you treated fairly in your present work?
Ⓐ very often
Ⓑ often
Ⓒ as often as not
Ⓓ sometimes
Ⓔ hardly ever

73. How often does your present work let you do something new each day?
Ⓐ very often
Ⓑ often
Ⓒ as often as not
Ⓓ sometimes
Ⓔ hardly ever

74. How often does your present work let you try out your own ideas?
Ⓐ very often
Ⓑ often
Ⓒ as often as not
Ⓓ sometimes
Ⓔ hardly ever

75. How often do you find that you really enjoy your present work?
Ⓐ very often
Ⓑ often
Ⓒ as often as not
Ⓓ sometimes
Ⓔ hardly ever

76. How often are you told in your present work that you have done a good job?
Ⓐ very often
Ⓑ often
Ⓒ as often as not
Ⓓ sometimes
Ⓔ hardly ever

77. How often does your present work give you a chance to make use of your abilities?
Ⓐ very often
Ⓑ often
Ⓒ as often as not
Ⓓ sometimes
Ⓔ hardly ever

78. How steady is your present job or the work you do?
Ⓐ very steady
Ⓑ steady
Ⓒ reasonably steady
Ⓓ unsteady
Ⓔ very unsteady

79. What do other people think of your job?
Ⓐ they think it is a very good job
Ⓑ they think it is a good job
Ⓒ they think it is an average job
Ⓓ they think it is a poor job
Ⓔ they think it is a very poor job

80. How does your present job (work) compare with jobs you've had in the past?
Ⓐ my present job is much better
Ⓑ my present job is better
Ⓒ my present job is just as good
Ⓓ my present job is worse
Ⓔ my present job is much worse

STOP

THANK YOU FOR YOUR COOPERATION

APPENDIX H

CLIENT NAME _____ INTERVIEWER _____

CLIENT ID # _____ DATE _____

VOCATIONAL REHABILITATION STUDY

1. How many hours do you work each week, including the time it takes you to go to and from where you work? If you have more than one job, give your total work time per week, including travel time.

0) not working now
1) 1–10 hours
2) 11–20 hours
3) 21–30 hours
4) 31–40 hours
5) 41–50 hours
6) 51–60 hours
7) 61–70 hours
8) 71–80 hours
9) over 80 hours

2. Each week, how many hours do you work on your main job, including the time it takes you to go to and from where you work?

0) not working now
1) 1–10 hours
2) 11–20 hours
3) 21–30 hours
4) 31–40 hours
5) 41–50 hours
6) 51–60 hours
7) 61–70 hours
8) 71–80 hours
9) over 80 hours

3. How many hours per week do you spend as a student, including time in school, travel time, and study time?

0) not a student
1) 1–10 hours
2) 11–20 hours
3) 21–30 hours
4) 31–40 hours
5) 41–50 hours
6) 51–60 hours
7) 61–70 hours
8) 71–80 hours
9) over 80 hours

4. What is the total amount that you earn each week?

0) none
1) $1–$15
2) $16–$30
3) $31–$45
4) $46–$60
5) $61–$75
6) $76–$90
7) $91–$105
8) $106–$120
9) over $120

5. What is your current work status?

0) not working and not a student
1) homemaker
1) training in homemaking
2) worker in a sheltered workshop
2) student in a semi-skilled training program
2) a high school student
3) student in a technical training program or a one or two-year business college
4) state agency-managed business enterprise (BEP)
5) student in a college or professional program
5) wage or salaried workers or self-employed

6. How much do you receive from public assistance payments (welfare) each month?

0) over $300
1) $251–$300
2) $201–$250
3) $151–$200
4) $101–$150
5) $51–$100
6) $1–$50
7) none

7. How many dependents are you supporting?

0) none
1) 1
2) 2
3) 3
4) 4
5) 5
6) 6
7) 7
8) 8
9) 9 or more

8. Aside from your own earnings and any welfare payments, how much financial assistance do you (usually) receive each month from other sources–family, friends, pensions, disability payments, social security, etc.?

0) over $300
1) $251–$300
2) $201–$250
3) $151–$200
4) $101–$150
5) $51–$100
6) $1–$50
7) none

VOCATIONAL REHABILITATION STUDY

Self-Esteem Questionnaire

Below is a list of statements dealing with your general feelings about yourself. READ EACH STATEMENT. IF YOU AGREE WITH THE STATEMENT, CIRCLE THE WORD "AGREE" WHICH IS IMMEDIATELY BELOW THE STATEMENT. IF YOU STRONGLY AGREE, CIRCLE "STRONGLY AGREE". IF YOU DISAGREE, CIRCLE "DISAGREE". IF YOU STRONGLY DISAGREE, CIRCLE "STRONGLY DISAGREE".

Pre 9. On the whole, I am satisfied with myself.

1) strongly disagree 3) agree
2) disagree 4) strongly agree

Pre 10. At times I think that I am no good at all.

1) strongly agree 3) disagree
2) agree 4) strongly disagree

Pre 11. I feel that I have a number of good qualities.

1) strongly disagree 3) agree
2) disagree 4) strongly agree

Pre 12. I feel that I do not have much to be proud of.

1) strongly agree 3) disagree
2) agree 4) strongly disagree

Pre 13. I am able to do things as well as most other people.

1) strongly disagree 3) agree
2) disagree 4) strongly agree

Pre 14. I certainly feel useless at times.

1) strongly agree 3) disagree
2) agree 4) strongly disagree

Pre 15. I feel that I'm a person of worth, at least on an equal plane with others.

1) strongly disagree 3) agree
2) disagree 4) strongly agree

Pre 16. I wish that I could have more respect for myself.

1) strongly agree 3) disagree
2) agree 4) strongly disagree

Pre 17. I take a positive attitude toward myself.

1) strongly disagree 3) agree
2) disagree 4) strongly agree

Pre 18. All in all, I am inclined to feel that I am a failure.

1) strongly agree 3) disagree
2) agree 4) strongly disagree

California Division of
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Sacramento, California

APPENDIX I

Public Assistance Recipient's Perception Inventory

Your opinion is important to our program staff and to our employees working with the community programs in this city. Please be honest. Indicate your agreement or disagreement with the following statements by checking in one of the boxes to the right of each statement. This is for use in improving our services, and will not be recorded as part of your rehabilitation plan. You need not sign your name.

	Agree		Don't agree or dis-agree	Disagree	
	Very much	Some what		Some what	Very much
1. Most bosses feel that people on welfare want to work					
2. Getting training is a waste of time when there aren't any jobs					
3. Money is about the only thing you can expect in return for your work					
4. A person should be very particular about the kind of job he takes					
5. The best job you can have is one where you are part of the group, all working together even if you don't get much individual credit					
6. When I work I make enough money to take care of myself and my family					
7. My physical health is good					
8. Bosses won't hire people who haven't worked for a long time and are on welfare					
9. It seems like bosses are always looking for someone to bawl out					
10. I take pains not to get people mad at me					
11. If possible, I have my friends with me wherever I go					
12. I like difficult tasks more than easy ones					

	Agree		Don't agree or Dis-agree	Disagree	
	Very much	Some what		Some what	Very much
13. It bothers me to see someone else bungling a job I know perfectly well how to manage . .					
14. My feelings get hurt easily when I am scolded or criticized					
15. It is better for me to have some job so I can support myself					
16. I can get a job on my own without training					
17. I do not feel up to working now					
18. Some people who work in rehabilitation offices seem to think a person with health problems is stupid					
19. When workers get laid off, people with health problems are the first to be let go					
20. I feel my life is not very useful					
21. I am able to do things as well as most other people					
22. I don't want to be obligated to others					

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